

Case Number:	CM14-0062284		
Date Assigned:	07/11/2014	Date of Injury:	05/31/2013
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who was involved in a motor vehicle accident on 05/31/13. It is reported that she sustained injuries to her right wrist, back, right knee and right ankle. Radiographs show evidence of multilevel spinal disease, no acute fractures were identified. Right knee x-rays show moderate osteoarthritis. Right shoulder x-rays indicated calcific tendinitis. She was treated conservatively with oral medications and physical therapy with noted improvement. More recently she complains of increased back pain radiating down the right leg. She reports bilateral shoulder pain. Straight leg raising is reported to be positive on the right. Kemp's test is positive. Multiple requests were submitted for physical therapy, acupuncture, extracorporeal shockwave therapy, referrals for pain management for the neck and low back, MRI of the cervical spine, lumbar spine and bilateral wrists were pending. Records indicate that the injured worker was referred to Dr. [REDACTED] on 03/24/14. She has complaints of low back pain radiating to the bilateral feet. She was subsequently recommended for chiropractic treatment. She further was recommended to receive a cryotherapy unit and a cane. The record contains a utilization review determination dated 04/18/14 in which requests for a cryotherapy unit and cane were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Heat/Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Cryotherapy.

Decision rationale: Per evidence based guidelines, cryotherapy units are only recommended for the knee and shoulder postoperatively for a period of 7 days. The record contains no data to suggest that the injured worker has undergone a recent surgery and therefore, this request for heat/cold unit is not supported as medically necessary.

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Durable Medical Equipment, Walking Aids.

Decision rationale: The request for a cane is not supported as medically necessary. The submitted clinical records indicate that the injured worker has complaints of low back pain radiating into the bilateral lower extremities. She is further noted to have right knee osteoarthritis. She has subjective complaints of continued right ankle and right wrist pain which would limit the use of the cane to the left hand only. It would further be noted that there is no discussion regarding the injured worker's gait and as such, the request for a cane is not supported as medically necessary.