MAXIMUS Federal Services

Case Number:	CM14-0077700		
Date Assigned:	07/18/2014	Date of Injury:	04/29/1998
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 Florida. 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 65-year-old male with a reported injury on 04/29/1998. The mechanism of injury occurred due to constant turning his head to look at 2 computers, which involved his right shoulder, left knee. The diagnoses included brachial neuritis, cervical spondylosis with myelopathy and cervical spondylosis without myelopathy. The injured worker has had previous treatments of acupuncture, physical therapy, and a home exercise program. The efficacy was reported to be minimal due to pain. The injured worker has had a history of 2 cervical fusions and 2 laminectomies. The injured worker had an examination on 07/15/2014 with report of worsening pain. He rated his pain as an 8/10 to 9/10. With medications, it is level at about an 8, and without medications it is a 9. Upon examination, it was noted that his cervical flexion was "worse." There was no other physical examination in the note provided. The note did mention that neck surgery was postponed due to blood pressure issues. It is not mentioned as to what type of neck surgery that was to be. The list of medications was not provided. The efficacy of the medications was not provided, as well. The recommended plan of treatment was that the patient needed surgery whenever medically cleared. The Request for Authorization was signed and dated 05/19/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Unit Rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Vascutherm Unit Rental for 30 days is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. Continuous flow cryotherapy is not recommended for the neck. However, it is recommended as an option after surgery, postoperatively up to 7 days, to decrease pain, inflammation, swelling, and narcotic use. However, it also can be used to treat muscle strains and contusions. There is a lack of evidence to support the medical necessity of the use of a Vascutherm unit. It was mentioned that the injured worker's surgery has been postponed. Furthermore, there is a lack of instructions as far as the frequency and duration and the placement as to where this unit is to be used. Therefore, the clinical information fails to meet the evidence based guidelines. Therefore, the request for the Vascutherm Unit Rental is not medically necessary.