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| Case Number: | CM14-0077925 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/18/2012 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/23/2014 |
| 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 Internal Medicine and is licensed to practice in California. 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 34 year old male whose date of injury is 01/18/2012. On this date he was electrocuted by a high voltage wire causing him to fall off a 12 foot ladder. The injured worker has been authorized for anterior cervical discectomy and fusion at C5-6 and was recommended for 21 day postoperative use of Q-Tech cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy recovery system with wrap coded for 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck Chapter, Continuous -flow cryotherapy.

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

Decision rationale: Based on the clinical information provided, the request for Q-Tech cold therapy recovery system with wrap coded for 21 day rental is not recommended as medically necessary. The injured worker has been authorized for anterior cervical discectomy and fusion at C5-6 and was recommended for 21 day postoperative use of Q-Tech cold therapy unit. The

Official Disability Guidelines note that continuous flow cryotherapy is not recommended in the neck. Cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Therefore, the request of Q-Tech cold therapy recovery system with wrap coded for 21 day rental is not medically necessary and appropriate.