

Case Number:	CM14-0095227		
Date Assigned:	07/25/2014	Date of Injury:	12/11/2009
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 24-year-old individual was reportedly injured on 12/11/2009. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 4/4/2014, indicated that there were ongoing complaints of low back pain, right hip pain, and bilateral groin pain. The physical examination was handwritten and only partially legible. It stated no paraspinal tenderness and improvement in range of motion as compared to past physical exam. No recent diagnostic studies are available for review. Previous treatment included cold therapy unit and a conservative treatment. A request had been made for cold therapy unit and was not certified in the pre-authorization process on 5/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ntegrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: Continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. After review of the medical records provided, it is noted the injured worker was dispensed a cold therapy unit in 2012. This is a duplicate order. There is no available documentation stating the necessity for a 2nd cold therapy unit. Therefore, this request is not medically necessary.