

Case Number:	CM13-0022851		
Date Assigned:	10/16/2013	Date of Injury:	11/19/2008
Decision Date:	03/13/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This patient is a 56 year old male, with a date of injury of November 19, 2008. According to progress report dated August 28, 2013 the patient presents with continued neck pain that radiates into the upper extremity with paresthesias and numbness. Physical examination showed well healed incisions at the site of surgical intervention. There was some muscle spasm, tenderness and guarding noted in the paravertebral musculature of the cervical spine. Decreased sensation and loss of range of motion was noted. The list of diagnoses is cervical radiculopathy. The treating physician states that the patient has now been authorized for a second cervical fusion. This is a request for cold therapy unit and Walker. The Utilization review denied the request on September 4, 2013. Treatment reports from January 10, 2013 through November 21, 2013 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck chapter has the following regarding Continuous-flow cryotherapy

Decision rationale: The patient is status post cervical fusion on 9/29/10 and continues with neck pain radiating into the upper extremities with paresthesia and numbness. The treating physician states that the patient is status post one attempt at fusion. We have now received the authorization for second cervical fusion attempt, which has been scheduled. The current request is for Q-TECH COLD THERAPY UNIT. The Utilization review denied the request stating that this type of device is not recommended in the neck. The odg-twc.com under the neck chapter has the following regarding Continuous-flow cryotherapy, not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. See the Shoulder Chapter for more information. In this case, Continuous-flow cryotherapy is not recommended for the cervical spine; therefore, the request IS NOT medically necessary.

Walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter, Walking aids

Decision rationale: The patient is status post cervical fusion on 9/29/10 and continues with neck pain radiating into the upper extremities with paresthesia and numbness. The treating physician states that the patient is status post one attempt at fusion. We have now received the authorization for second cervical fusion attempt, which has been scheduled. The current request is for WALKER. The ACOEM and MTUS Guidelines do not discuss walkers. The ODG Guideline provides a discussion regarding walking aids under its knee chapter, ODG states, recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices. In this case, there is no description of impaired ambulation and examination finding do not document functional deficits that would require a walker. This request IS NOT medically necessary.