

Case Number:	CM14-0180105		
Date Assigned:	11/05/2014	Date of Injury:	05/31/2012
Decision Date:	04/23/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 5/31/2012. Diagnoses have included cervical radiculitis, lumbar radiculitis, myospasm, bilateral shoulder sprain/strain and bilateral wrist sprain/strain. Treatment to date was not documented. According to the report dated 7/17/2014, the injured worker complained of right leg sharp pain 5/10 stiffness and muscle spasm, right hand 5/10 sharp pain and numbness, left hand 7/10 sharp pain and numbness, left arm 7/10 sharp pain, right shoulder 5/10 sharp pain, left shoulder 7/10 sharp pain and cervical spine 5/10 sharp pain. Objective findings revealed tenderness to the cervical area, lumbar area, bilateral shoulders and bilateral wrists. Authorization was requested for a hot/cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Hot/Cold Therapy Unit/Pad and wraps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and

Upper Back (Acute & Chronic) Heat/cold applications (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic widespread pain. In terms of thermal modalities, the use of heat is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of heat is recommended. In this case, simple, low-tech thermal modalities would meet the claimant's needs. There is no need for a specialized combination unit which is therefore not medically necessary.