

Case Number:	CM14-0189577		
Date Assigned:	11/20/2014	Date of Injury:	06/03/2011
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 06/30/2011. The mechanism of injury occurred while the injured worker was putting cones out on the street. He was struck by a car. He received multiple injuries. The diagnoses included cervical spine status post fusion, left shoulder impingement syndrome, possible rotator cuff injury and sprain/strain, possible left elbow ulnar neuritis and lumbar sprain/strain with probable radiculopathy. Past surgery included a cervical fusion at the C5-6 and C6-7 that was performed in 04/2014. Diagnostic studies were not provided. Medications included Norco, Advil, and Prilosec. The physical examination dated 10/30/2014 of the cervical spine revealed moderate paraspinal spasms posteriorly with mild palpation pain midline in the paraspinal muscles, as well as the intrascapular region on the left. Range of motion was flexion to 30 degrees to the right, extension 20 degrees on the right, and rotation 45 degrees on the right and 45 degrees on the left. Flexion created complaints of mild discomfort. Extension and right and left rotation were done with complaints of moderate discomfort. Motor strength was a 5/5 to the upper extremities. Prior treatments included 6 to 8 visits of physical therapy and cervical epidural steroid injections, along with modified duty. The treatment plan included an anterior cervical decompression and fusion at the C3-4 and C4-5 with an assistant surgeon and a 1 to 2 day inpatient stay. The Request for Authorization, dated 11/20/2014, was submitted with documentation. The rationale for the anterior cervical decompression and fusion was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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, Cryotherapy

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

Decision rationale: The Official Disability Guidelines (ODG) recommend continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. The request for one hot/cold unit (continuous flow cryotherapy) exceeds the recommendations of the guidelines. It is unclear if the request was for the purchase or rental of the unit, and the medical documents provided does not indicate a medical need for the cryotherapy unit that would fall within the guideline limitations, such as surgery. The surgery was not approved there for the request is not medically necessary.