

Case Number:	CM14-0200423		
Date Assigned:	12/10/2014	Date of Injury:	07/01/2013
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Surgery, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Maine, Nebraska, and 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 37-year-old male with a date of injury of 07/01/2013 and a mechanism of injury of slip and fall. His diagnoses included radiculopathy, sprain and strain of left shoulder and upper arm, and spondylosis. The injured worker's past treatments had included nerve blocks, epidural steroid injections, a TENS unit, and physical therapy. His diagnostic studies included an MRI on 03/24/2014, an EKG on 10/14/2014, a chest x-ray on 10/14/2014, and a urine drug screen on 10/14/2014. The injured worker's surgical history is noncontributory to the request. In the clinical note dated 10/27/2014, the injured worker had complaints of low back, left shoulder, and neck pain. The physical exam findings included pain at the least was 5/10 and worst was 10/10. Pain at present was 9/10 on the pain scale. His medications were noted to include Allopurinol, Prozac, Norco, and Wellbutrin. His treatment plan included lumbar surgery after weight loss, a request for acupuncture for neck pain, urine drug screen, CURES report, and pain medication. The rationale for the request was not included in the medical record. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Cold Therapy Unit, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The request for postoperative cold therapy unit, purchase is not medically necessary. The injured worker had a slip and fall injury to his lower back, left shoulder, and neck. He has been recommended for surgery for his lower back where he was diagnosed with a large disc herniation and bilateral radiculopathy at the L4-5 and L5-S1. The ACOEM guidelines state that cold packs/heat packs are recommended as an option for acute pain. At home local applications of cold packs are recommended in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is minimal evidence supporting the use of cold therapy. Heat therapy has been found to be helpful for pain reduction and return to normal function. The medical record does not indicate surgery has been approved or that surgery has happened, and the guidelines recommend cold therapy for acute complaint; however, this injury occurred on 07/01/2013 and in the chronic stage. The patient has not had surgery, and the guidelines state there is minimal evidence supporting the use of cold therapy. Therefore, the request for Post-Operative Cold Therapy Unit is not medically necessary.