

Case Number:	CM14-0209449		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2014
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice and is licensed to practice in California. 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 patient is a 57 year-old woman who was injured at work on 2/11/2014. The injury was primarily to her head, neck, shoulders and elbows. She is requesting review of denial for the use of a Hot and Cold Unit for the Cervical Spine. Medical records corroborate ongoing care for her injuries. These records include an Orthopedic Panel Qualified Medical Evaluation done on 9/3/2014. During this evaluation the patient stated that she was having persistent soreness in the area of her left trapezius muscle that was increased by walking and use of her left shoulder. Her chronic diagnoses included: Bilateral Limitation of Shoulder Motion/Possibly Adhesive Capsulitis; Diminished Cervical Range of Motion/Unknown Etiology (Normal Cervical X-rays); Bilateral Primary Protrusio Acetabuli with early Degenerative Arthritis of the Hips; Marked Exogenous Obesity; Diabetes Mellitus/Adult Onset; and Depression. Her neck examination was remarkable for some tenderness over the mid cervical spine posteriorly. Range of motion was normal; there was a negative Spurling's and Adson's test. Medications were listed as Metformin, Cloniding, Prozac and Meclizine. In the Utilization Review Process the Official Disability Guidelines (Neck and Upper Back) were cited in the assessment of this request. The rationale for non-certification was that there was no clear detail provided as to why the patient would require the hot/cold device and how this would be of more benefit compared to the patient's at home application of hot/cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Unit for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. 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 Official Disability Guidelines (ODG), Occupational Disorders of the Neck and Upper Back, Heat/Cold Applications.

Decision rationale: The Official Disability Guidelines comment on the use of heat/cold applications in the treatment of neck and upper back complaints. In general, heat/cold applications are a recommended treatment. The guidelines note that there is insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case there is no information provided as to the rationale for a hot and cold unit in place of the recommended local application of cold and hot packs. Further, the request does not specify the duration of proposed treatment, which, according to the guidelines, is effective during the first few days of symptoms. Therefore, under these conditions the use of a hot and cold unit for the cervical spine is not considered as medically necessary.