

Case Number:	CM15-0002073		
Date Assigned:	01/13/2015	Date of Injury:	08/06/2013
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Orthopedic Surgery, Sports Medicine

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 46-year-old female who reported an injury on 08/06/2013. The mechanism of injury was noted to be the injured worker was reaching for an object to raise a lift gate and the injured worker was struck by a pallet jack on 08/06/2013. The requested intervention was noted to be part of a surgical request. The injured worker was to undergo an anterior cervical discectomy and fusion at C5-7. The injured worker was noted to undergo an MRI of the cervical spine without contrast on 11/07/2014. The surgical intervention was found to be medically necessary. There was a Request for Authorization submitted for review dated 12/10/2014. The documentation of 12/03/2014 revealed the injured worker had complaints of neck, right shoulder, and arm pain, numbness, and weakness. The examination revealed extension of the neck beyond neutral reproduced pain in the right scapula and the right arm. The injured worker had diminish sensation in the thumb, index, and long fingers of the right hand. The brachioradialis reflexes were slightly diminished in the right compared to the left. The biceps and triceps were 1 or 2+. The request was made for surgical intervention. The MRI of the cervical spine without contrast was noncontributory to the requested hot and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-operative DME: Hot/Cold therapy unit with wrap, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that at home local applications of cold packs during the first few days of acute complaints are appropriate and thereafter the injured worker could use the application of heat packs. The clinical documentation submitted for review failed to provide documentation to support the necessity for a hot and cold therapy unit. There was a lack of documentation indicating the injured worker could not utilize hot packs or cold packs. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for associated surgical service: postoperative DME hot/cold therapy unit with wrap, quantity 1, is not medically necessary.