

Case Number:	CM15-0002501		
Date Assigned:	01/13/2015	Date of Injury:	05/01/2012
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 34-year old female, who sustained an industrial injury on May 1, 2012. Resulting injury was a lower back injury. Treatment to date had included pain medication, a neurology consultation, physical therapy, C4-C5 disc arthroplasty, right shoulder arthroscopy, chiropractic treatment and routine monitoring. Currently, the IW complains of neck pain, headaches and right shoulder pain. Physical exam was remarkable for decreased range of motion of the cervical spine and right shoulder. There was weakness to bilateral upper extremities secondary to pain. Pain was rated a five on a scale of ten. Diagnoses included status post total disc arthroplasty of the C4-C5 with persistent pain, status post right shoulder arthroscopy with persistent pain and stress and anxiety. Current treatment recommended a pain management consultant, a psychiatrist consultant and continuation of current medications. On December 9, 2014, the Utilization Review decision non-certified a motorized cold therapy unit for neck and right shoulder purchase, noting there is no high-grade evidence to support the effectiveness or ineffectiveness of passive physical modalities. The ACOEM Guidelines, Neck Complaints Chapter and the ODG, Shoulder Chapter, Continuous-flow cryotherapy was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of motorized cold therapy unit for neck and right shoulder purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit for purchase for the neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Shoulder section, Cold packs and Continuous-flow cryotherapy

Decision rationale: The MTUS Guidelines do not address specifically a motorized cold therapy unit. The MTUS ACOEM Guidelines, however, mention that at-home local applications of heat or cold for shoulder or neck pain are as effective as those performed by physical therapists. The ODG also states that cold packs applied at home are recommended as an option for acute shoulder or neck pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option, but only after shoulder surgery and only up to 7 days, but not for nonsurgical treatment. In the case of this worker, there was insufficient documentation to show any evidence of this worker warranting a motorized cryotherapy device as there was no discussion of surgery. Simpler local cold therapy without a machine is still an option and recommended, however, the motorized cold therapy unit is not medically necessary.