

Case Number:	CM15-0132246		
Date Assigned:	07/20/2015	Date of Injury:	07/10/2012
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male with an industrial injury dated 07-10-2012. The injured worker's diagnoses include left shoulder subacromial impingement syndrome status post arthroscopy, lumbar spine degenerative disc disease L4-5 and L5-S1 with 8mm spondylolisthesis L5-S1 and symptoms of bilateral lower extremity radiculitis and elevated body mass index. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-19-2015, the injured worker reported progressive back, bilateral leg pain, numbness and weakness. Objective findings revealed heavyset injured worker who ambulates slowly and guardedly, difficulty with heel walking, weakness of ankle dorsiflexors, severely limited thoracolumbar range of motion, positive bilateral straight leg raises, diminished sensation on the dorsum of right foot and diminished reflexes. The treatment plan consisted of lumbar surgery and associated surgical services. The treating physician prescribed associated surgical service: hot and cold therapy unit with wrap purchase, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hot/cold therapy unit with wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. Therefore the determination is for non-certification and is not medically necessary.