

Case Number:	CM15-0140305		
Date Assigned:	07/30/2015	Date of Injury:	05/23/2014
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic neck and elbow pain reportedly associated with an industrial injury of May 23, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for Thermacure moist heating pad with associated set-up fee. The claims administrator referenced a July 14, 2015 RFA form and an associated progress note of July 1, 2015 in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, elbow, and shoulder pain. A corticosteroid injection was administered. In an RFA form dated July 20, 2015, the applicant was given a refill of Percocet. Pain management consultation dated June 30, 2015; the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery in June 2015. The applicant was on Percocet, Zestril, Klonopin, minoxidil, Janumet, and diltiazem, it was reported. The applicant did have comorbid diabetes. The applicant was asked to employ Percocet, oxycodone, and/or Dilaudid for pain relief. In an operative report dated June 30, 2015, the applicant underwent cervical spine surgery. In a July 14, 2015 RFA form, a Thermacure contrast compression therapy device with associated pad and set-up fee was sought, seemingly without any supporting rationale or supporting progress notes. A clear description of the device was not furnished. It was suggested, however, the device represented a continuous cooling and/or continuous heating device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure unit x 30 day rental and/or purchase (cervical): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg. 169.

Decision rationale: No, the request for a Thermacure unit 30-day rental and/or purchase was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with neck and upper back complaints, as were/are present here, ACOEM does not, by implication, support high-tech devices such as the article in question for delivering heat therapy and/or cryotherapy. The Third Edition ACOEM Guideline Cervical and Thoracic Spine Disorders Chapter take a stronger position against such devices, explicitly stating that high-tech devices for delivering cryotherapy are deemed not recommended. The Third Edition ACOEM Cervical and Thoracic Spine Disorders Chapter takes a more explicit position against such devices, stating that the usage of high-tech devices for delivering cryotherapy is deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM position(s) on the same. A little-to-no narrative rationale or narrative accompanied the RFA form. Therefore, the request was not medically necessary.

Thermacure pad (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request for a Thermacure device was deemed not medically necessary, the derivative or companion request for an associated pad purchase was likewise not indicated. Therefore, the request was not medically necessary.

Thermacure set up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary request for a Thermacure device was deemed not medically necessary, the derivative or companion request for an associated pad purchase was likewise not indicated. Therefore, the request was not medically necessary.