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| Case Number: | CM15-0146944 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 01/25/2008 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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: Emergency 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 56-year-old female, who sustained an industrial injury on January 25, 2008. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included MRI, electrodiagnostic study, injection, right wrist splint, medication, acupuncture, and home exercise program and transcranial magnetic stimulation. Currently, the injured worker complains of persistent neck, low back and left shoulder pain that decrease her ability to function. She also reports a sleep disturbance. The injured worker is currently diagnosed with cervical disc disease, discogenic lumbar condition with disc herniation, tendinosis and bursitis, right wrist joint inflammation, right carpal tunnel syndrome and left shoulder impingement. She is currently working as tolerated. A note dated December 17, 2014, states the injured worker experienced efficacy from acupuncture, home exercise program and medication. The injured worker responded well to transcranial magnetic stimulation and reported a decrease in symptoms, per note dated March 26, 2013. The following, hot and cold wrap (durable medical equipment) is requested to continue to provide the injured worker with relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Hot and cold wrap: 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), neck and upper back (acute and chronic), cold packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: ACOEM guidelines generally recommend hot or cold compresses/packs for musculoskeletal pain with care. However, there is no indication for any special devices or items. There is no justification as to why patient cannot use simple cold packs or warm compresses available everywhere. "Hot and cold wrap" is not medically necessary.