

<b>Case Number:</b>	CM15-0162973		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Minnesota, Florida  
 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 58 year old male, who sustained an industrial injury on 8-7-2008. He reported developing neck and elbow pain from repetitive use and low back pain from repetitive lifting activity. Diagnoses include cervical spondylotic myelopathy with stenosis, spinal cord compression and gliosis, status post bilateral cubital release and scalene decompression, and status post cervical fusion. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing neck symptoms. On 5-15-15, the physical examination documented a neck wound that is clean, dry, and intact. There was ataxia and abnormal gait and positive Romberg noted. The results of the MRI were documented revealing remaining cervical foraminal stenosis, stenosis, and spinal cord narrowing. The treating diagnosis included status post anterior cervical discectomy and fusion C5-C7. The plan of care included cervical laminectomy C5-C7 posterior fusion and laminoplasty C3-C4 and associated services. This appeal requested authorization for a TEC system (iceless cold therapy unit with DVT and cervical wrap) for fourteen days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEC system ice less cold therapy unit w/DVT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: cold packs. Also see: Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** Although cold packs are recommended, ODG guidelines do not recommend continuous-flow cryotherapy as an option for postoperative use for the neck. However, it is recommended for the shoulder for 7 days. As such, the request for the ice-less cold unit with DVT and cervical wrap x 15 days is not recommended and the medical necessity of the request has not been substantiated.

**Cervical wrap x15 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: cold packs. Also see: Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** Although cold packs are recommended, ODG guidelines do not recommend continuous-flow cryotherapy as an option for postoperative use for the neck. However, it is recommended for the shoulder for 7 days. As such, the request for the cervical wrap x 15 days is not recommended and the medical necessity of the request has not been substantiated.