

<b>Case Number:</b>	CM15-0189369		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/02/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 44-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 2, 2005. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for a 21- day cold therapy recovery system with associated wrap. The claims administrator referenced an RFA form received on September 14, 2015 and an associated progress note of August 13, 2015 in its determination. The claims administrator contended that the request in question represented a request for postoperative cryotherapy following planned cervical spine surgery. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant was described as status post earlier cervical spine surgery. The applicant's wound was redressed in the clinic. The applicant was asked to employ Tylenol No. 4 for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 days of cold therapy recovery system with wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Continuous-flow cryotherapy.

**Decision rationale:** No, the request for a 21-day cold therapy recovery system with associated wrap was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Neck Chapter notes that continuous-flow cryotherapy, i.e., the article at issue, is deemed not recommended in the neck, i.e., the body part at issue here. The attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.