

Case Number:	CM15-0222616		
Date Assigned:	11/18/2015	Date of Injury:	03/14/2001
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 03-14-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain and right lower extremity pain. Medical records (04-09-2015 to 10-23-2015) indicate ongoing back pain, right leg pain and right foot pain. Pain levels were 2-9 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-23-2015, revealed no objective findings. Relevant treatments have included: physical therapy (PT), ice therapy with some benefit, work restrictions, and medications. The request for authorization (10-21-2015) shows that the following medical equipment requested: 1 Polar Care Donjoy Iceman circulating leg device purchase. The original utilization review (10-30-2015) non-certified the request for 1 Polar Care Donjoy Iceman circulating leg device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Polar care Donjoy Iceman Circulating Leg Device Purchase: 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 Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for post surgical use and the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.