

Case Number:	CM15-0046024		
Date Assigned:	03/19/2015	Date of Injury:	11/04/2014
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 11/4/2014. She has reported a slip and fall. The diagnoses have included lumbar sprain/strain and neck sprain/strain. Treatment to date has included pool therapy, topical cream, chiropractic therapy and moist heat. Currently, the IW complains of right upper back pain and discomfort, right shoulder pain and right wrist/hand pain associated with numbness. The physical examination from 1/8/15 documented impaired sensation from elbow to fingers. The provider indicated Range of Motion (ROM) in the back and back pain was showing improvement. The plan of care included continuation of moist heat/hydrotherapy, chiropractor therapy and the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a hydrotherapy unit for lumbar spine and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and

Upper Back (Acute & Chronic) Heat/cold applications (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant is status post work-related injury occurring in November 2014. She continues to be treated for right upper back and upper extremity pain. In terms of thermal modalities, the use of heat is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of heat is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There is no need for a specialized hydrotherapy unit, which is therefore not medically necessary.