MAXIMUS Federal Services

Case Number:	CM15-0047588		
Date Assigned:	03/19/2015	Date of Injury:	12/31/2012
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 52-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of September 31, 2012. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for a seven-day rental of the continuous cooling device. A February 3, 2015 RFA form and progress note of January 27, 2015 were referenced in the determination. Non-MTUS ODG Guidelines on hot and cold packs were referenced. In a January 23, 2015 progress note, the applicant reported ongoing complaints of low back, left hip, and left leg pain. Hyposensorium was noted about the left leg. The attending provider stated that the applicant had known issues with spinal stenosis, most prominent at L4-L5. The attending provider suggested that the applicant move forward with spinal decompression-fusion surgery. The applicant was placed off work, on total temporary disability. A continuous cooling device was apparently endorsed for postoperative use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Cold Unit x 7 Days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy.

Decision rationale: Yes, the proposed seven-day rental of a continuous cooling device was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. ODG's Low Back Chapter does not specifically address the topic of postoperative continuous cryotherapy devices. While ODG's Neck Chapter Continuous Flow Cryotherapy topic states that continuous flow cryotherapy is not recommended in the neck, ODG's Shoulder and Knee Chapters Continuous Flow Cryotherapy topic both state that continuous flow cryotherapy is recommended as an option for postoperative use purposes, for up to seven days following surgery. The request for postoperative cryotherapy, thus, is essentially in-line with ODG parameters. It does appear that the applicant is intent on pursuing a spinal decompression surgery, it was further noted. Therefore, the request was medically necessary.