

Case Number:	CM15-0048577		
Date Assigned:	03/20/2015	Date of Injury:	04/09/2006
Decision Date:	05/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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, Illinois

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 injured worker is a 57 year old male, who sustained an industrial injury on April 9, 2006. He has reported neck pain and bilateral shoulder pain. Diagnoses have included multi level cervical spine degenerative disc disease with multi level stenosis, and left shoulder impingement syndrome. Treatment to date has included medications, physical therapy, steroid injections, right shoulder injection, psychiatric evaluation, cervical spine fusion, and imaging studies. A progress note dated December 17, 2014 indicates a chief complaint of neck pain, arm pain, right elbow pain, and left thumb, index finger, right finger and small finger pain with numbness and tingling. The treating physician documented a plan of care that included inter limb compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for 30 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Continuous cold therapy (CCT).

Decision rationale: The injured worker sustained a work related injury on April 9, 2006. The medical records provided indicate the diagnosis of multi level cervical spine degenerative disc disease with multi level stenosis, and left shoulder impingement syndrome. Treatment to date has included medications, physical therapy, steroid injections, right shoulder injection, psychiatric evaluation, and cervical spine fusion. The medical records provided for review do not indicate a medical necessity for Cold Therapy Unit for 30 Day Rental. The MTUS is silent on cold therapy unit, though it recommends short term use of cold. The Official Disability Guidelines recommends the use of continuous cold therapy only for a 7 day treatment postoperatively after carpal tunnel surgery. The record does not indicate the injured worker recently had surgery; besides the rental period requested is 30 days rather than 7 days.