

Case Number:	CM15-0058901		
Date Assigned:	04/03/2015	Date of Injury:	06/09/2014
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, California
 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 52-year-old male, with a reported date of injury of 06/09/2014. The diagnoses include cervical spine sprain/strain with myospasms, right shoulder sprain/strain, tension headaches, and dizziness. Treatments to date include an MRI of the cervical spine, oral medications, and topical medication. The medical re-evaluation report dated 01/16/2015 indicates that the injured worker complained of worsening right shoulder pain and tension, with radiation to the neck. He stated that therapy had helped decreased the pain temporarily, he was able to do more activities of daily living, and that his pain was well controlled with the medication and creams. The physical examination of the neck showed tenderness to palpation with spasms of the bilateral suboccipital muscles and right upper trapezius muscles and limited range of motion due to pain. An examination of the upper extremities showed tenderness to palpation with spasms of the right upper trapezius muscle and limited range of motion due to pain on the right and full range of motion on the left. The treating physician requested the purchase of a hot/cold pack/wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold pack wrap 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 (ODG) continuous cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to the guidelines, heat/cold wraps are an option to aid with exercises. In acute injury, cold therapy is appropriate followed by heat. In this case, the injury was chronic. In addition, application details and length of use were not specified. The request for heat/cold packs is not medically necessary.