

Case Number:	CM15-0087850		
Date Assigned:	05/12/2015	Date of Injury:	06/14/2014
Decision Date:	06/23/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 injured worker is a 53 year old male who sustained a work related injury June 14, 2014. According to a primary treating physician's progress report, dated March 9, 2015, the injured worker presented with complaints of; constant neck pain, rated 7/10, with radiation to the left upper extremity, with associated numbness, constant right shoulder pain, rated 9/10, with associated numbness and tingling up into the neck and down into the hands, and constant low back pain, rated 6/10. The injured worker is positive for nausea and vomiting and blurred and double vision. Diagnoses are; impingement syndrome with internal derangement of the right shoulder; cervical spine stenosis with radiculopathy; musculoligamentous sprain/strain, lumbar spine with multilevel protrusions at L3 through the sacrum. Treatment plan included scheduled right shoulder arthroscopy March 19, 2015, to return to clinic March 27, 2015, and at issue, a request for authorization for a Q-Tech unit 21 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Unit 21 Days 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Guidelines Shoulder - Continuous Flow Cryotherapy.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the Guidelines specifically state that this type of unit should be limited to 7 days post operative use. There are no unusual circumstances to justify an exception for 21 days use. The Q-Tech (cold) Unit 21 days rental is not supported by Guidelines. It is not medically necessary.