

<b>Case Number:</b>	CM15-0231049		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: North Carolina

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 51 year old male, who sustained an industrial injury on November 28, 2011, incurring neck and shoulder injuries. He was diagnosed with cervical disc degeneration disease with cervical radiculopathy, left shoulder impingement syndrome and a left ribcage contusion. Treatment included pain medications, proton pump inhibitor, sleep aides, cervical epidural steroid injection, and activity restrictions. He underwent a left shoulder arthroscopy. Currently, the injured worker complained of continued neck pain radiating into the upper extremities. There was decreased range of motion with spasms and tenderness of the cervical spine. He noted increased neck pain with left arm numbness and weakness. The continued pain and discomfort interfered with his daily activities of living. The treatment plan that was requested for authorization included a motorized cold therapy purchase. On November 2, 2015, a request for a motorized cold therapy purchase was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy 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, Neck and Upper Back - Continuous Flow therapy.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for post surgical use and the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.