

Case Number:	CM14-0145058		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 7, 2012. In a utilization review report dated August 13, 2014, the claims administrator approved a request for an interferential unit, denied a request for a thermo-cooler system, approved an orthopedic follow-up visit, and approved a general follow-up visit. Based on the claims administrator's description, it appeared that the thermo-cooler unit system represented a retrospective request between the dates of August 6, 2012, through September 30, 2012. The applicant's attorney subsequently appealed. In a comprehensive orthopedic evaluation dated May 21, 2014, the consultant noted that the applicant had received an interferential unit and thermo-cooler device on a progress note of July 30, 2012. The applicant was placed off of work, on total temporary disability, on that day, owing to ongoing complaints of right shoulder and low back pain radiating to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Thermacooler system for 8 weeks (DOS: 08/06/2012-09/30/2012): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Cold compression therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 12-5 299.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5 does recommend simple, low-tech, at-home applications of heat and cold as methods of symptom control for low back pain complaints, by implication, ACOEM does not support the more elaborate, high-tech machine used to deliver cryotherapy during the dates in question. The attending provider did not, it is noted, furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.