

Case Number:	CM14-0164194		
Date Assigned:	10/09/2014	Date of Injury:	07/18/2014
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family 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 patient is a 50 year-old man who was injured at work on 7/18/2014. The injury was primarily to his neck and right shoulder. He is requesting review of denial for a Hot/Cold Therapy Unit. Medical records corroborate ongoing care for his injuries. His chronic diagnoses include the following: Cervical Musculoligamentous Strain/Sprain with Radiculitis; Rule Out Cervical Spine Discogenic Disease; Rule Out Right Shoulder Internal Derangement; History of Recent Right Shoulder Posterior Dislocation; and Chronic Anxiety. Treatment has included: Muscle Relaxants, Topical Analgesics, Modified Activity, Physical Therapy, a Self-Directed Home Exercise Program, Home Ice/Heat, Opioids, and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The MTUS/ACOEM Guidelines provide recommendations for the evaluation and management of shoulder complaints (Table 9-6, Pages 212-214). Recommended

treatment includes: patient education, acetaminophen, NSAIDs, physical medicine modalities for strengthening and stabilization, injections, and short-term immobilization and rest. Optional treatment includes use of opioids and at-home application of heat or cold packs to aid exercises. The level of strength of evidence for use of heat or cold packs is "level D." Level D evidence is defined as a "panel interpretation of information not meeting inclusion criteria for research-based evidence." In this case there is no justification provided to support the need for a Hot/Cold Therapy Unit beyond what can be obtained by the "at-home application of heat or cold packs." Given the lack of evidence in support of this modality and the lack of documentation to support the need for this device beyond what can be obtained by the "at-home application of heat or cold packs," the use of a Hot/Cold Therapy Unit is not considered as a medically necessary device.