

Case Number:	CM14-0091527		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2011
Decision Date:	09/18/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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 claimant was injured on 02/14/11. A Vacutherm rental for 1- 2 months has been recommended and is under review. He injured his neck and upper right arm. He is status post cervical fusion at multiple levels including disc discectomy, decompression, and fusion. Surgery was in September 2013. He had a healed surgical wound on 01/27/14. He had decreased range of motion. He continued physical therapy. He also received medications and acupuncture. A Vacutherm rental was recommended for 1-2 months on 05/28/14 by Dr. [REDACTED]. This is a continuous-flow cryotherapy unit. He has also used a bone growth stimulator. He reported no significant pain relief from acupuncture. He still had significant neck pain and right arm and finger pain with continued weakness of the right arm. After 24 physical therapy visits, further physical therapy and the use of a Vacutherm ice machine were denied by worker's compensation and he was feeling worse. A TENS unit gave him only mild relief temporarily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vacu Therm x month QTY;2.00: 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) Treatment Index, Current edition (Web), Neck and upper back _ Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back, Continuous-flow cryotherapy.

Decision rationale: The history and documentation do not objectively support the request for a 2 month rental of a Vacutherm unit for the cervical spine and shoulder. The ODG state this type of treatment is "not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." There is no indication that this type of treatment is likely to be more beneficial for pain relief than simple cold packs which may be recommended and are easily prepared at home. The request is not medically necessary.