

<b>Case Number:</b>	CM14-0218337		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female with a date of injury of May 12, 2014. Results of the injury include the cervical spine. Diagnosis include status post anterior cervical discectomy and fusion C5 to C7. Treatment has include surgery and pain medications. Ap and lateral X-rays of the cervical spine show that the hardware is well positioned. Progress report dated December 30, 2014 showed 5/5 motor strength. The incision was well healed. Treatment recommendations included to continue wearing her collar for 4 weeks, then advance her to a soft collar, and possibly do physical therapy at that time. Utilization review form dated December 23, 2014 non certified Vascutherm Cold Compression therapy 30 day rental and purchase of cervical wrap x 1 due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM COLD COMPRESSION THERAPY 30-DAY RENTAL; CERVICAL WRAP X1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Neck/Upper back, Continuous flow cryotherapy

**Decision rationale:** The patient presents with pain affecting the neck. The current request is for VASCUTHERM COLD COMPRESSION THERAPY 30-DAY RENTAL; CERVICAL WRAP X1. The treating physician report dated 12/30/14 notes that the patient was status post anterior cervical discectomy and fusion, C5-C7. The ODG guidelines states the following regarding continuous flow cryotherapy, "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." In this case, the current request for a 30-day rental exceeds the 7 days recommended by the ODG. Furthermore, continuous flow cryotherapy is not recommended for the neck and there is no rationale by the treating physician in the reports provided as to why the patient requires treatment above and beyond the ODG guidelines. Recommendation is for denial.