

Case Number:	CM15-0014713		
Date Assigned:	02/02/2015	Date of Injury:	05/03/2001
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona
 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 57-year-old female who reported an injury on 05/03/2001. The mechanism of injury was cumulative trauma. The injured worker underwent cervical epidural steroid injections and had been authorized for an anterior cervical discectomy and fusion at C4-5 with instrumentation and bone grafting on 11/06/2014. The diagnostic imaging included an MRI of the cervical spine. Prior therapies included medications, physical therapy, chiropractic therapy, acupuncture, and epidural steroid injections. There was a prescription for durable medical equipment that was undated for a Q-Tech cold therapy recovery system with DVT prevention and an Aspen collar and a front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with Wrap Rental: 21 Days: 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 & 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 & Upper Back Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is not recommended for the neck. The clinical documentation submitted for review indicated the injured worker was undergoing neck surgery. However, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Q-Tech cold therapy recovery system with wrap rental 21 days is not medically necessary.