MAXIMUS Federal Services

Case Number:	CM15-0019166		
Date Assigned:	02/09/2015	Date of Injury:	10/10/2012
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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
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:

This 32-year-old male sustained a work related injury on 10/10/2012. According to an orthopaedic evaluation dated 10/01/2014, physical examination revealed some focal tenderness in the midthoracic region on the right, a little bit more that the left. Diagnostic impression included thoracic sprain with clicking and with normal MRI with mild paraspinal muscular spasm on the right side and status post right shoulder arthroscopy, subacromial decompression and superior labral repair with mild persistent pain. Treatment plan included Lidoderm patches; massage therapy and chiropractic care for the thoracic spine region. He was working in full duty capacity.On 01/21/2015, Utilization Review noncertified thoracic game ready device with vest for the thoracic spine and CT (computed tomography) scan of the thorax. According to the Utilization Review physician, in regard to the thoracic game ready device with vest for the thoracic spine, the injured worker was not currently considered a surgical candidate. Guidelines cited included Official Disability Guidelines, Neck and Upper Back Chapter, Cold Packs, Heat/Cold. Applications and Continuous-flow cryotherapy. In regard to the CT scan of the thorax, there were no subjective complaints in the report indicative of oncological pathology. Examination of the injured worker's thoracic spine on 12/18/2014, found no significant tenderness of the mid-thoracic region and there were no neurological signs/symptoms suggested by any documented objective deficits. Guidelines cited included Official Disability Guidelines Low Back-Lumbar & Thoracic. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic game ready device with vest for the thoracic spine: 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), Neck & Upper Back Chapter: Cold Packs, Heat/Cold Applications and 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 neck and upper back chapter, continuous-flow cryotherapy

Decision rationale: This patient presents with s/p right shoulder arthroscopy (11/01/13), thoracic sprain, severe thoracic pain, and mild recurrent ulnar neuritis of the right elbow. The request is for thoracic game ready device with vest for the thoracic spine on 12/22/14. The patient is currently working per 12/18/14 report.Per 12/18/14 report, the treater noted that the patient tried thoracic Game Ready and it helped to relieve some of the discomfort. The patient was very happy with this and wishes to try one out on a trial basis.MTUS does not discuss cold compression therapy therefore, a different guideline was reviewed. ODG guideline neck and upper back chapter states that continuous-flow cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. In this case, the patient is not currently considered a surgical candidate. The cold compression therapy is not recommended for nonsurgical treatment per guideline. The request IS NOT medically necessary.

CT (Computed Tomography) of the thorax: 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): Low Back - Lumbar & Thoracic Ct & CT Myelography (computed tomography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, CT scan

Decision rationale: This patient presents with s/p right shoulder arthroscopy (11/01/13), thoracic sprain/spasm, and mild recurrent ulnar neuritis of the right elbow. The request is for computed tomography of the thorax on 12/22/14. The patient is currently working per 12/18/14 report. ODG guideline Lumbar and Thoracic chapter states that CT is not recommended except for thoracic spine trauma: equivocal or positive plain films, no neurological deficit and thoracic spine trauma: with neurological deficit.There is no evidence of prior CT imaging of thorax for this patient. MRI of the thoracic spine dated 07/09/14 revealed that the thoracic spine is normal. Also, the physical exam on the 12/18/14 report showed no significant tenderness of the mid thoracic region...The midthoracic has no deformity and no ecchymosis. The utilization review letter dated 1/21/15 states that the patients radiographic report from 01/26/12 was found to be negative. In this case, the patient does not present thoracic spine trauma with neurological deficit

and MRI findings and radiographs of thoracic spine were negative. There does not appear to a reason for thoracic CT. The request IS NOT medically necessary.