

<b>Case Number:</b>	CM15-0178825		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 sustained an industrial injury on April 4, 2012, incurring right hip, right elbow, head and neck injuries. She was diagnosed with cervical disc disease and radiculopathy, neck sprain, right hip sprain and a right upper arm sprain. On January 11, 2013, a Magnetic Resonance Imaging of the cervical spine revealed disc degeneration disease. Treatment included acupuncture, Electromyography studies, cervical epidural steroid injection, chiropractic sessions, anti-inflammatory drugs, and cervical collar, physical therapy, and activity restrictions. Currently, the injured worker complained of persistent neck pain radiating into the right arm. She noted tenderness and muscle spasms in the cervical area. There was limited range of motion noted in the cervical region. On August 18, 2015, a cervical Magnetic Resonance Imaging revealed cervical stenosis causing cervical radiculopathy. She complained of severe pain in the neck radiating into her right shoulder and arm with numbness and weakness. The injured worker rated her pain at its worse 9 out of 10 on a pain scale from 1 to 10. She was authorized to undergo an anterior cervical discectomy and fusion. The treatment plan that was requested for authorization on September 11, 2015, included a post-operative hot and cold therapy unit with a wrap. On September 2, 2015, a request for a hot and cold therapy unit with a wrap was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Hot/Cold Therapy Unit with Wrap: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: Cold packs, Section: Shoulder, Topic: Continuous flow cryotherapy.

**Decision rationale:** Although cold packs are recommended for the cervical spine, continuous flow cryotherapy is only recommended for the shoulder and knee postoperatively. Hot packs are not recommended. The request as stated is for a hot/cold therapy unit which is not supported after neck surgery. As such, the medical necessity of the request has not been substantiated, therefore is not medically necessary.