

Case Number:	CM15-0073874		
Date Assigned:	04/23/2015	Date of Injury:	01/27/2000
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on 1/27/00. The injured worker reported symptoms in the shoulders, hip and avascular necrosis. The injured worker was diagnosed as having severe avascular necrosis, major depressive disorder, narcotic dependency, and dental decay. Treatments to date have included transportation assistance, oral pain medication and proton pump inhibitor. Currently, the injured worker complains of shoulder and hip pain. The plan of care was for ice machine purchase or rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice machine unknown purchase or rental: 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) Knee/Leg - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however the time limit for request is not defined. Per the ODG, cold therapy is only recommended for 7 days post operatively. Without the request specifying the amount of time the unit will be used post operatively, the request cannot be certified and the request is not medically necessary.