

Case Number:	CM15-0096171		
Date Assigned:	05/26/2015	Date of Injury:	03/22/2011
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old woman sustained an industrial injury on 3/22/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 8/2/2011, right shoulder MRIs dated 8/2/2011, 6/7/2012, and 7/14/2014. Diagnoses include cervical spine strain, sprain, and recurrent right shoulder internal derangement. Treatment has included oral medications, surgical intervention, and physical therapy. Physician notes dated 2/9/2015 show complaints of cervical spine pain and stiffness with frequent headaches and increasing pain and stiffness of the right shoulder with radiation to the upper back, upper chest and down the right arm to the hand. Recommendations include further surgical intervention including pre-operative laboratory work and post-operative physical therapy and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: This is a cold therapy pump. This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of: cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day." More elaborate equipment than simple cold packs are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.