

Case Number:	CM14-0142432		
Date Assigned:	09/10/2014	Date of Injury:	06/26/1998
Decision Date:	10/07/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 06/26/1998. The listed diagnosis per intercostal neuralgia status post gunshot wound. According to progress report 07/10/2014, the patient is status post recent P-Stim session with reduction of pain to 4/10 from 5/10. The patient indicates that his sleep is significantly improved as well. The patient's current medication regimen includes Cymbalta 60 mg and tramadol 400 mg. Examination revealed tenderness to palpation around the belt, the area of his gunshot entrance and exit wound.

IMR ISSUES, DECISIONS AND RATIONALES

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

E1399 Q Tech Cold Therapy Recovery System 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) Treatments in Worker's Comp 9th Edition (web)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

Decision rationale: This patient presents with abdomen pain. The treater is requesting a Q-tech cold therapy for a 35 day trial. The MTUS and ACOEM Guidelines do not discuss cold therapy

units. Therefore, ODG Guidelines are referenced. ODG Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The request is not medically necessary.