

Case Number:	CM14-0066071		
Date Assigned:	07/11/2014	Date of Injury:	03/29/2012
Decision Date:	09/29/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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, New York, 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:

The applicant is a represented 59-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 29, 2012. In a Utilization Review report dated April 17, 2014, the claims administrator failed to approve a request for a 30- day trial of a continuous cooling and heating device. The claims administrator referenced an RFA form received on April 11, 2014 and a progress note of January 21, 2014 in its determination. The applicant's attorney subsequently appealed. On RFA form(s) dated April 11, 2014, the continuous cooling and heating device in question, follow-up visit, acupuncture, Vicodin, and urine drug testing were endorsed. In an associated progress note dated January 24, 2015, the attending provider sought authorization for continuous cooling and heating device. 7-8/10 neck, low back, and shoulder pain complaints were reported. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of ice/heat unit for pain control (ThermoCool and Cold Contrast Therapy with Compression) cervical spine, right shoulder and right elbow: 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), Shoulder, (updated 12/27/13) Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 174; 204; 25. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 968; 4. Recommendation: Routine Use of Cryotherapies in Health Care Provider Offices or High Tech Devices; for Any Chronic Pain Condition, Routine use of cryotherapies in health care provider offices or the use of high tech devices is not recommended for treatment of any chronic pain condition, Strength of Evidence - Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for 30-day trial of continuous cooling and heating device for the neck, shoulder, and elbow was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline(s) in ACOEM Chapter 8, Table 8-5, page 174, ACOEM Chapter 9, Table 9-3, page 204, and ACOEM Chapter 10, Table 3, page 25 all recommend at-home local applications of heat and cold as methods of symptom control for neck, upper back, shoulder, and/or elbow pain complaints, all of which were reportedly present here, by implication, the MTUS Guideline(s) in ACOEM Chapter 8, Table 8-5, page 174, ACOEM Chapter 9, Table 9-3, page 204, and ACOEM Chapter 10, Table 3, page 25 do not recommend more elaborate high-tech devices for delivering hot and cold therapy, as was proposed here. The Third Edition ACOEM Guidelines Chronic Pain Chapter takes a stronger position against usage of such devices, explicitly noting that usage of high-tech devices for delivering cryotherapy is deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this device in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.