

Case Number:	CM13-0026752		
Date Assigned:	03/19/2014	Date of Injury:	01/04/2000
Decision Date:	05/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 an employee of [REDACTED] and has filed a claim for internal derangement of the right knee associated with an industrial injury date of January 4, 2000. A utilization review from September 11, 2013 denied the request for hot and cold wrap for the knee due to no indication for a specialized hot and cold wrap. Treatment to date has included TENS unit, orthotics, knee brace, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing that the patient had almost bone to bone contact on the outer joint space of the left knee. The patient has been supplied with a knee brace to unload the left knee. The patient has not been working for 2 1/2 years now. Physical exam demonstrated tenderness along the joint line laterally on the left knee and medially on the right knee. A hot and cold pack was requested so that the patient will be able to use hot and cold therapy while doing light duty without having the packs falling off.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT AND COLD WRAP FOR THE KNEE #10: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Knee Chapter, Cold/Heat Packs

Decision rationale: The CA MTUS does not address hot/cold wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee chapter, Cold/heat packs was used instead. ODG states that cold/heat packs are recommended. Cold packs were noted to decrease swelling. In this case, the patient will be performing light duty and the request for a hot and cold wrap will prevent the pack from falling during light duty. Given limited benefit of Transcutaneous Electrical Nerve Stimulation (TENS) unit, orthotics, knee brace, and opioid and non-opioid pain medications, hot/cold packs are considered appropriate adjunct care. Therefore, the request for hot and cold wrap for the knee is medically necessary.