

<b>Case Number:</b>	CM13-0044310		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a female patient with a date of injury of 6/15/12. A utilization review determination dated 10/21/13 recommends non-certification of a water circulating heat pad with pump. The report notes that, in teleconference with [REDACTED] from the provider's office on 10/21/13 at 10:45 AM PT, it was stated that the patient had arthroscopic surgery on 10/1/13 and the DME submitted should have been for a cold pad and pump for purchase. A progress report dated 9/26/13 identifies subjective complaints including a symptomatic left knee. Objective examination findings identify left knee tenderness to palpation over the medial joint line and mild medial pain with McMurray's maneuver. There is moderate patellofemoral irritability. On the right, there is a small effusion, TTP over the medial and lateral joint line, medial and lateral pain with McMurray's maneuver, marked patellofemoral irritability, and grade IV/V quadriceps/hamstring strength. ROM is 0-105 degrees. Diagnoses include internal derangement/chondromalacia of both knees. Treatment plan notes that the patient is scheduled for left knee operative arthroscopy on 10/1/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water circulation heat pad with pump:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Cold/heat packs.

**Decision rationale:** Regarding the request for water circulating heat pad with pump, California MTUS and ODG do not specifically address the issue. However, they do support the use of simple cold packs in the first few days of acute complaints and applications of simple heat packs thereafter. Within the documentation available for review, there is documentation that the patient underwent knee arthroscopy and that the request was actually intended to be for a cold unit for purchase. Regardless, there is only support for a cold unit for up to 7 days after surgery, while a heat unit would not be supported, and there would be no support for the purchase of either type of device. In light of the above issues, the currently requested water circulating heat pad with pump is not medically necessary.