

<b>Case Number:</b>	CM13-0052632		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Occupational Medicine 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:

The applicant has filed a claim for chronic low back, mid back and knee pain associated with an industrial injury of April 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; x-rays of the right knee of April 18, 2013, notable for diffuse soft tissue swelling; prior left knee arthroscopy; transfer of care to and from various providers in various specialties; and work restrictions. It does not appear that the applicant has returned to work with limitations in place. In a December 6, 2013 progress note, it is stated that the applicant is off of work, on total temporary disability. The applicant is using a cane and several topical compounds. In an earlier note of September 11, 2013, the applicant is again placed off of work, on total temporary disability. Topical compounds, a heat pump and a hinged knee brace were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A water circulating heat pad with pump provided on 9/23/13:** 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.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in chapter 13, an employee's at home applications of heat and cold packs are as effective as those performed by therapist or, by implication, those delivered by high-tech means. In this case, the attending provider has not proffered any applicant-specific rationale to the request for authorization so as to try and offset the unfavorable ACOEM recommendation against high-tech means of delivering a hot and cold therapy. The request remains noncertified.