

<b>Case Number:</b>	CM14-0009471		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is 59-year-old female injured on January 16, 2012. The mechanism of injury is noted to be cumulative trauma causing the injured worker neck, back, and right knee pain. There is a prior history of a right total knee arthroplasty noted. Various pain devices have been attempted to include a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Progress notes indicate the on and off again back pain (noted to be 8/10 on the visual analog scale), mid back pain (noted before 10/10 on the visual analog scale) and right knee pain (9/10 on the visual analog scale) to be ongoing. Multiple medications are employed to address the pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT (DME) HOT/COLD PACK WITH WRAP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the use of hot/cold therapy is indicated in the acute phase. When considering the date of injury, the past surgical

history and the mechanism of injury, there is insufficient clinical data presented to support the need for such a device. The request for a hot/cold pack with wrap is not medically necessary or appropriate.