

Case Number:	CM14-0105547		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2013
Decision Date:	12/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine and is licensed to practice in Utah. 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 a 50 year-old female. The patient's date of injury is 7/12/2013. The mechanism of injury is not stated. The patient has been diagnosed with derangement of elbow joint, myofascial pain, and lumbar strain/sprain. The patient's treatments have included injections, LINT procedures, imaging studies and medications. The physical exam findings undated states the right elbow exam as: uses a elastic elbow support, with tenderness at the flexors and extensor muscle compartments of the forearm, with decreased range of motion. The Lumbar spine states tenderness over the lumbar spine, and at the quadratus lumborum and at the lumbosacral junction, with decreased range of motion. The patient's medications have included, but are not limited to, Capsaicin, Tramadol, Gabapentin, Menthol, Lidocaine, and Cyclobenzaprine. The request is for hot and cold water therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & Cold Water Circulating Therapy unit x 4 month rental: 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), Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, Cold/Heat Pack.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a hot/cold therapy unit. MTUS guidelines state the following: MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. The clinical documents lack documentation that the patient is post-surgical. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.