

Case Number:	CM14-0013859		
Date Assigned:	02/21/2014	Date of Injury:	07/09/2002
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 claimant is a 59 year old male who reported an injury on 07/09/2002. Per the clinical note dated 01/23/2014 noted the patient to have bilateral upper extremity pain. Per the physical exam the right elbow had tenderness to the olecranon, with range of motion at 85%. The patient reportedly was wearing bilateral knee braces. The patient was reported to have undergone a laminectomy of the lumbar spine. Diagnoses include postlaminectomy syndrome of the lumbar spine, myofascial pain syndrome of the lumbar spine, status post bilateral wrist fusion, and left knee meniscus tear. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT & COLD PACK WITH WRAP (ICE WRAP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 9-14. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Knee, Cold packs.

Decision rationale: MTUS/ACOEM Guidelines recommend patient's at-home, applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. It was unclear why the patient would require heat and cold packs as the guidelines recommend their use within the acute phase of treatment. The site at which the hot and cold pack was to be applied was not specified within the request. Additionally, it was unclear why traditional methods of heat and cold would not be indicated. Furthermore, there is a lack of objective physical findings that would indicate the need for an ice wrap. Therefore, the request for hot and cold pack with wrap (ice wrap) is not medically necessary and appropriate.