

<b>Case Number:</b>	CM14-0016241		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & Rehabilitation 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 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 a 34-year-old female who reported an injury on 01/02/2013 secondary to a slip and fall. The evaluation report dated 01/16/2014 stated the injured worker complained of pain to the bilateral upper extremity, right more than the left, and bilateral knee pain that intensified with cold weather. Physical examination revealed tenderness to the bilateral upper extremity, right more than the left, bilateral knees, and anterior wrist with a positive Tinel's on the right, and decreased range of motion to the right upper extremity, wrist, and knee. An MRI of the right shoulder showed supraspinatus tendinosis with no rotator cuff tear. MRI of the right knee showed a moderate degree of edema with the Hoffa's pad inferolateral to the patella which was either related to prior trauma or lateral patellar friction syndrome, type II signal changes of the medial meniscus with no medial meniscus tear, mild patella alta, and the left knee showed edema within the Hoffa's pad which may be either posttraumatic or related to lateral patellar friction syndrome, patella alta was present, ossification of the patellar tendon at its attachment to the patella, most consistent with chronic tendinosis, and type II signal changes of the medial meniscus with no evidence of a medial meniscus tear. She had diagnoses of right shoulder pain, bilateral knee pain, and bilateral carpal tunnel syndrome. She had past treatments of physical therapy, home exercises with activity restrictions, right De Quervain's release, wrist braces, steroid injection to both shoulders, and medications. Her medications included, voltaren and tramadol but later switched to Relafen 500 mg three times a day. The treatment plan was for an EMG/NCV, ASTYM therapy, VitaWrap hot and cold therapy unit, and home exercise kit for the knee to help reduce symptoms and increase functional capacity, and the continuation of home exercises and activity restrictions. The request was sent for a hot and cold pack with wrap. The request for authorization form was signed and dated 01/03/2014. There was no rationale for the request for a hot and cold pack with wrap.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HOT AND COLD PACK WITH WRAP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Initial Care, 1015-1017, Non-MTUS Official Disability Guidelines (ODG), Knee & Leg, Cold/Heat Packs, and Non-MTUS Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Cold Packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Continuous-flow cryotherapy.

**Decision rationale:** The request for hot and cold pack with wrap is not medically necessary. The reviewed treatment plan included a recommendation for a VitaWrap hot/cold therapy system. The Official Disability Guidelines may support up to 7 days postoperative use of a continuous-flow cryotherapy unit, but these units are not supported for nonsurgical treatment. The guidelines also state that mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. The injured worker was not shown to be postoperative with a need for use of a continuous-flow cryotherapy unit. In addition, a rationale for the recommended unit was not provided. Further, the guidelines do not support hot and cold units over passive hot and cold therapy. In addition, the request does not state the body part being treated. Given the above, the request for hot and cold pack with wrap is not medically necessary.