

Case Number:	CM14-0118079		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2012
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

This is a 41-year-old male with a 2/28/12 date of injury. He injured his lumbar spine as a result of a slip and fall accident. According to a progress report dated 7/7/14, the patient complained of chronic pain in multiple body parts including the neck, low back, right knee, and bilateral upper extremities. He rated his pain as a 5-6/10 with medication and 7-8/10 without medication. Objective findings: tenderness to palpation and muscle spasm in cervical and lumbar paravertebrals, limited range of motion in the cervical and lumbar spine. Diagnostic impression: rheumatoid arthritis, internal derangement of right knee/bilateral shoulder, cervical / lumbar / thoracic discopathy, musculoligamentous injury of bilateral shoulder, right knee, lumbosacral, cervical, and thoracic. Treatment to date includes medication management, activity modification, physical therapy, acupuncture treatments, and chiropractic care. A UR decision dated 7/2/14 denied the request for hot/cold unit. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold unit: 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)- Treatment for Workers' Compensation (TWC), 2014 online version

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Cryotherapy; Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. There is no documentation that the patient has had a trial of using ice/heat packs. A specific rationale identifying why a hot/cold unit is required in this patient despite lack of guideline support was not provided. Therefore, the request for hot/cold unit is not medically necessary.