

Case Number:	CM14-0170418		
Date Assigned:	10/20/2014	Date of Injury:	05/12/2006
Decision Date:	11/20/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal 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:

The injured worker (IW) is a 55-year-old man with a date of injury of May 12, 2006 when he fell at work. The treating diagnoses included pain disorder associated with physical and psychological factors and major depressive disorder. Pursuant to the most recent progress note dated September 2, 2014, the IW complains of knee pain equally on both sides. He presents with pain and swelling on the right and left side equally. Currently, the IW states that the symptoms are mild to moderate. The pain is described as discomforting, localized and piercing. He rates his worse pain as 6/10. The symptoms are aggravated by walking, and relieved by an ice machine. Current medications include Zolpidem, Cymbalta, Gabapentin, Oxycodone, and Metaxalone. The provider suggests that the IW uses a Jacuzzi to decrease medications. However, there is no mention in the medical record the IW has currently uses a Jacuzzi or received any benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whirlpool Jacuzzi: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cold/Heat Packs

Decision rationale: Pursuant to the Official Disability Guidelines, the whirlpool Jacuzzi is not medically necessary. The guidelines state at home applications of cold packs in the first few days of acute complaint; thereafter application of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy, but studies confirm that it may be a low risk cost option. Heat therapy has been found to be helpful for pain reduction and return to normal function. There is minimal evidence supporting the use of cold therapy. In this case, a September 2, 2014 progress note states the pain/symptoms are relieved with rest and analgesics and the symptoms are relieved an ice machine. There is no documentation in the medical record indicating injured worker possessed a Jacuzzi nor was there evidence the injured worker achieved functional improvement with the use of whirlpool Jacuzzi. Additionally, there is no rationale or explanation indicating what benefits the whirlpool Jacuzzi would provide over and above that of simple heat packs/warm baths. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the whirlpool Jacuzzi is not medically necessary.