

Case Number:	CM15-0131379		
Date Assigned:	07/20/2015	Date of Injury:	12/15/2012
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on 12/15/2012. Diagnoses have included lumbar disc protrusion, lumbar sprain-strain, right knee sprain-strain and left knee sprain-strain. Treatment to date has included lumbar epidural steroid injection, physical therapy and medication. According to the progress report dated 5/19/2015, the injured worker complained of low back pain rated 2/10 with medications. She reported that her lower back was doing better due to physical therapy. She complained of occasional right knee pain rated four out of ten. She stated that her left knee was doing better, but the pain came back after the injection in her lower back was given. Exam of the lumbar spine revealed tenderness to palpation, muscle spasms and decreased painful range of motion. Exam of the bilateral knees revealed tenderness to palpation and decreased, painful range of motion. Current medications included Anaprox, Prilosec, Tramadol and Cyclobenzaprine. Authorization was requested for a hot and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for post surgical use and the records do not indicate why a hot/cold unit virus heating pad or ice packs would be necessary. Therefore the request is not medically necessary.