

Case Number:	CM15-0160766		
Date Assigned:	08/27/2015	Date of Injury:	11/30/2005
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on 11-30-2005. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar disc bulge, rotator cuff tear, bilateral shoulder tendinitis and cervical and lumbar osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-8-2015, the injured worker complains of chronic neck and low back pain and bilateral shoulder pain. Physical examination showed cervical and lumbar spasm, tenderness and limited range of motion with 5/5 motor strength and intact sensation/ DTRs. The treating physician is requesting small and large ice packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Small and large ice packs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/ Cold & Heat Packs, pages 381-382.

Decision rationale: The patient continues to treat for ongoing symptoms for chronic 2005 Permanent & Stationary injury. Although local applications of cold packs may be applied during first few days of acute symptoms followed by applications of heat packs to suit patient due to the relative ease and lack of adverse affects, there exists insufficient testing to determine the effectiveness (if any) of heat/cold applications in treating mechanical disorders in the later subacute and chronic period of injury. Submitted reports have not clearly demonstrated acute changes, new injury or deteriorating clinical findings to support for the packs beyond guidelines criteria. The Small and large ice packs is not medically necessary or appropriate.