

Case Number:	CM15-0220244		
Date Assigned:	11/13/2015	Date of Injury:	11/03/2014
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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, 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 48 year old male, who sustained an industrial-work injury on 11-3-14. The injured worker was diagnosed as having lumbar myofasciitis, lumbar myalgias, lumbosacral radiculopathy, lumbar spine strain, knee internal derangement, knee sprain-strain, and knee osteoarthritis. Treatment to date has included medication: Tramadol, Naproxen, Cyclobenzaprine, Alprazolam, Omeprazole; physical therapy, chiropractic treatment (no relief), and acupuncture. MRI results were reported on 7-29-15 of the right knee that reveals medial compartment degenerative changes with advanced subchondral cyst formation along the posterior aspect of the medial femoral condyle and overlying high grade articular cartilage thinning, partial tear-sprain-strain involving the distal quadriceps and proximal patellar tendons. X-rays were reported on 7-29-15 of the right knee that demonstrated mild medial compartment degenerative changes suggested otherwise normal. Currently, the injured worker complains of dull aching pain to the bilateral knees rated 7-9 out of 10 and aching low back pain rated 5-6 out of 10. There is associated radiating pain and numbness with tingling to bilateral extremities. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted normal cervical spine and upper back exam, tenderness and myospasm palpable over bilateral paralumbar muscles and sciatic notches, circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over bilateral paralumbar muscles, straight leg raise is positive bilaterally along with Braggard's test, decreased range of motion, tenderness on the median and lateral knee joint lines of both knees, patellar tracking is painful in both knees, normal neurological exam, and positive grinding in both knees. The Request for Authorization requested service to include Hot and Cold Unit. The Utilization Review on 10-30-15 denied the request for Hot and Cold Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and 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, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (Game Ready recovery system, heat/cold packs).

Decision rationale: The request is for a hot and cold unit. CA MTUS does not address. ODG do not support the request for a hot/cold unit in this claimant. Cold therapy units are recommended for up to 7 days in the postsurgical period following procedures such as ACL and meniscal repairs. This claimant is not postsurgical and there is no other diagnosis present to support the use of this unit. Also, no rationale is presented as to why simple ice packs and heat packs would not suffice. Therefore, the request is not medically necessary or appropriate.