

Case Number:	CM15-0045708		
Date Assigned:	03/18/2015	Date of Injury:	04/20/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old male, who sustained an industrial injury on 4/20/2010. Diagnoses have included lumbar radiculopathy, rotator cuff syndrome, right ankle sprain/strain and bilateral knee sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker complained of low back pain, left shoulder pain, right ankle pain and bilateral knee pain. Physical exam revealed tenderness to the lumbar area, left shoulder and bilateral knees and ankles. The treatment plan was for a hot/cold pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hot/cold therapy unit: 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) Low back, cold/heat packs.

Decision rationale: The official disability guidelines indicate that at-home local application of cold packs is indicated in the first few days and thereafter application of heat packs or cold packs. While mechanical heat/cold units may also be beneficial there is no documentation provided why such a unit is indicated over heat/cold packs. This request for a hot/cold therapy unit is not medically necessary.