

Case Number:	CM15-0047462		
Date Assigned:	03/19/2015	Date of Injury:	06/09/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 39-year-old female, with a reported date of injury of 06/09/2014. The diagnoses include bilateral knee sprain/strain, cervical spine sprain/strain, wrist sprain/strain, early disc desiccation at C2-3 through C5-6, right knee medial meniscus tear, right knee internal derangement, left knee osteochondroma defect in the medial femoral condyle, and medial meniscus tear at the posterior horn of the left knee. Treatments to date have included acupuncture, chiropractic treatment, oral medications, an x-ray of the bilateral wrist, x-ray of the bilateral knees, an x-ray of the cervical spine, an MRI of the cervical spine, an MRI of the right wrist, and an MRI of the bilateral knees. The medical re-evaluation report dated 01/09/2015 indicates that the injured worker continued to have pain, which was rated 7-9 out of 10. The pain was located in the neck, wrist pain, and knee pain. The physical examination of the cervical spine showed tenderness and muscle spasms at C5-6 and C6-7 and decreased range of motion. An examination of the lumbar spine showed tenderness over the L4-5 and L5-S1 and decreased range of motion. An examination of the wrists/hands showed tenderness over the median nerve channel, and bilateral decreased range of motion. An examination of the knee showed tenderness over the medial and lateral meniscus and in the peripatellar region and decreased range of motion. The treatment plan included a TENS unit. The treating physician requested the purchase of hot/cold pack wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Pack Wrap Purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back ? Cold/heat packs.

Decision rationale: The patient presents with bilateral knee sprain/strain, cervical spine sprain/strain, wrist sprain/strain, early disc desiccation at C2-3 through C5-6, right knee medial meniscus tear, right knee internal derangement, left knee osteochondroma defect in the medial femoral condyle, and medial meniscus tear at the posterior horn of the left knee. The current request is for Hot/Cold Pack Wrap Purchase. The treating physician states, in a report dated 01/09/15, We will request TENS unit, as well as a Hot and Cold Pack/Wrap or thermal combo unit. (12A) The MTUS and ACOEM Guidelines are silent with regards to this request. The ODG guidelines recommend at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The records do not show any previous request for a hot and cold unit. In this case, the ODG guidelines do not recommend mechanical circulating units over passive hot/cold therapy. However, the current request is for a hot/cold wrap, NOT for a mechanical circulating unit. The current request for a hot/cold wrap is medically necessary and the recommendation is for authorization.