

Case Number:	CM15-0085715		
Date Assigned:	05/08/2015	Date of Injury:	10/18/2011
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 53-year-old female, who sustained an industrial injury on 10/18/2011. She reported repetitive use injury. The injured worker was diagnosed as status post right shoulder arthroscopy and bilateral knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In a progress note dated 3/30/2015, the injured worker complains of bilateral shoulder pain and bilateral knee pain. The treating physician is requesting a hot/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, Shoulder, Acute and Chronic, Cold Packs, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338/Table 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Continuous Cryotherapy Unit.

Decision rationale: The MTUS/ACOEM Guidelines comment on treatment methods for a number of knee complaints. Table 13-3 provides a summary of these treatment recommendations. These MTUS treatment recommendations provide the following comments on the use of cold and heat therapy. Specifically, they state that at-home application of cold packs in the first few days of acute complaints is indicated; thereafter, application of heat packs is indicated. In this case, there is insufficient information provided to justify the use of a hot and cold unit. Specifically, why the patient is unable to self-apply cold packs for the first few days of symptoms followed by hot packs. The Official Disability Guidelines also comment on the use of continuous-cryotherapy units. These units are only recommended in the immediate post-operative period. For these reasons, the use of a hot and cold unit is not considered as medically necessary.