

Case Number:	CM15-0127784		
Date Assigned:	07/15/2015	Date of Injury:	07/03/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury on 7/03/14. She subsequently reported knee and neck pain. Diagnoses include cervical sprain/ strain, right shoulder sprain/ strain and right wrist sprain/ strain with [REDACTED]. Treatments to date include MRI testing, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience neck pain that radiates to the bilateral shoulders. She also has bilateral shoulder, wrist and hand pain with numbness, tingling and weakness. Upon examination, there was tenderness in the cervical paravertebral muscles and trapezius bilaterally. Cervical range of motion was reduced. There was tenderness in the biceps tendon groove bilaterally. Bilateral shoulder range of motion was reduced. Tenderness was noted in the bilateral medial elbows. Bilateral elbow range of motion was reduced. There was also tenderness noted over the right hand middle finger. A request for Cold unit and heating pad for neck (purchase) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold unit and heating pad for neck (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold therapy in back or neck post op pain beyond 7 days after surgery. There is no documentation that the patient needs cold therapy. Therefore, the request for Cold unit and heating pad for neck (purchase) is not medically necessary.