

Case Number:	CM15-0175451		
Date Assigned:	09/16/2015	Date of Injury:	01/14/2013
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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 an 81 year old male, who sustained an industrial injury on January 14, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radiculopathy, cervical spine sprain and strain, cephalgia, lumbar radiculopathy, lumbar spine sprain and strain, shoulder rotator cuff syndrome, shoulder sprain and strain, hip joint sprain and strain, insomnia, anxiety and depression. Treatment to date has included medication, injection and topical cream. On February 16, 2015, a right shoulder injection provided a reduction in pain from an 8 on a 0-10 pain scale down to a 4, lasting for two weeks. On March 13, 2015, the injured worker complained of neck pain with associated headaches. The pain was rated as a 6 on a 0-10 pain scale without medications and as a 4 on the pain scale with medications. He reported low back pain rated a 7 on the pain scale without medications and a 5 with medications. The injured worker reported right shoulder pain rated a 6 on the pain scale without medication and a 4 on the pain scale with medication. He also reported right hip pain rated an 8 on the pain scale without medication and a 4.5 on the pain scale with medication. His pain was described as dull and aching. Physical examination of the cervical spine, lumbar spine and right shoulder revealed tenderness and myospasm. Right hip palpation revealed tenderness on the trochanteric bursitis. The treatment plan included Tylenol, hot-cold unit to decrease pain and decrease the need for oral medication and a follow-up visit. On August 6, 2015, utilization review denied a retrospective request for one unit of hot-cold pack (dated March 30, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective One Unit of Hot/Cold Pack dated: 3/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is not for postoperative use. There is no explanation why home application of cold compresses/packs could not be used. Therefore, the request is not medically necessary.