

<b>Case Number:</b>	CM15-0061265		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: 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 41 year old male, who sustained an industrial injury on 10/11/2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left knee arthropathy/PCL tear and lumbar strain/sprain vs. lumbar disc disease. He is status post left knee arthroscopy on 8/22/14. Treatments to date include medication therapy and physical therapy. Currently, they complained of left knee swelling and pain. On 3/9/15, the physical examination documented range of motion decreased in lumbar spine. There was positive left knee edema. The plan of care included a request for a heating pain for flaring left knee and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heating pad (left and lumbar spine) 2 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Cold/heat packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hot/Cold, page 290.

**Decision rationale:** Review indicated the request for heating pad x 2 units for the knee and lumbar spine was modified to provide for one unit. Regarding Hot/Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. MTUS Guidelines is silent on specific use of hot compression therapy for knee swelling, but does recommend standard cold pack with exercise. The Heating pad (left and lumbar spine) 2 units is not medically necessary and appropriate.