

Case Number:	CM15-0066793		
Date Assigned:	04/14/2015	Date of Injury:	12/22/2003
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 12/22/2003. Diagnoses include lumbar pain, left rotator cuff tear, left shoulder pain and right knee pain. Treatment to date has included diagnostics, physical therapy, modified work and medications. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported frequent, moderate, stabbing, burning left shoulder pain radiating to the cervical spine associated with cold weather and prolonged reaching. Medication provides relief. She reports frequent, moderate, 4/10 dull right knee pain associated with cold weather, prolonged kneeling and squatting. Medication provides relief. Physical examination revealed restricted range of motion of the lumbar spine. There was painful, restricted range of motion of the left shoulder. There was restricted, painful flexion to the right knee. The plan of care included acupuncture, chiro therapy, consultations, shock wave therapy and hot cold pack for the right knee. Authorization was requested for hot/cold pack for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME HOT/COLD PACK, RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Cold/heat packs.

Decision rationale: The Official Disability Guidelines recommend hot/cold therapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, hot/cold packs have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. DME HOT/COLD PACK, RIGHT KNEE is not medically necessary.