

Case Number:	CM13-0011554		
Date Assigned:	11/27/2013	Date of Injury:	08/05/2009
Decision Date:	01/22/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is an Orange County Probation Department employee who has filed a claim for chronic elbow pain reportedly associated with industrial injury of August 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a left elbow arthroscopy, radial head resection, anterior capsular release, and removal of loose body surgery on August 15, 2013; and continuous cooling device. The operative report of August 15, 2013 is reviewed. The applicant did undergo a left elbow arthroscopy, removal of loose body, and radial head resection surgery. In a utilization review report of July 25, 2013, the claims administrator denied a request for cold therapy machine, citing lack of supporting medical documents. The claims administrator incorrectly cited ACOEM Chapter 12 pertaining to low back, although this is an elbow injury. The applicant later appealed the decision to deny the continuous cooling device, stating that usage of ice packs on the elbow was difficult following prior elbow surgery in 2009. The applicant stated that usage of cold therapy machine will help her to keep the scar tissue formation down. The applicant states that she is concerned about the cost of the machine and does not want to be held responsible for the cost of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

Decision rationale: The MTUS-adopted ACOEM guidelines in Chapter 10 did not address the topic. The ODG elbow chapter likewise did not address the topic of postoperative elbow cryotherapy. The ODG shoulder chapter does support cryotherapy for up to seven days postoperatively. In this case, thus, a seven-day course of postoperative cryotherapy/cold therapy machine rental could have been endorsed here. However, the request here is imprecise. It is unclear whether the device is being sought as a rental or purchase. Based on the applicant's letter of appeal, it appears that this is being requested as a purchase of a continuous cryoflow therapy machine. This is not indicated. As suggested by the ODG, complications related to prolonged and/or protracted use of cryotherapy, such as frost bite can be quite devastating. Thus, the purchase of the machine being proposed here cannot be endorsed. Accordingly, the request is not certified.