MAXIMUS Federal Services

Case Number:	CM13-0026148		
Date Assigned:	11/22/2013	Date of Injury:	06/04/2012
Decision Date:	02/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48-year-old gentleman who was injured in a work-related accident on June 4, 2012 sustaining an injury to the right elbow. The specific requests in this case are in regards to a surgical process that has been recommended in the form of a right elbow exploration and debridement to be performed arthroscopically with repair of extensor carpi radialis brevis and extensor carpi radialis longus. It is unclear as to when the surgical process was to have taken place. The specific requests in this case are in regards to the purchase of a CoolCare cold therapy unit, as well as a 90-day rental of a SurgiStim unit for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CoolCare Cold Therapy Unit purchase for the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

Decision rationale: There is no current indication for purchase of a CoolCare Cold Therapy Unit purchase for the right elbow. Records documented a planned surgery consisting of right arthroscopic elbow exploration with repair of extensor carpi radialis brevis and extensor carpi

radialis longus. Guidelines indicate the physical methods for effectiveness of these units were not based on high-quality studies. Specifically, in regards to the elbow, guideline criteria recommends the role of cold therapy packs; however, based on efficacy studies clinical criteria for which a cryotherapy device would not be indicated as well. The use of alternative methods of cold therapy for example ice packs could be utilized. The specific request for purchase of a CoolCare Cold Therapy Unit in this case would not be supported by clinical Guidelines.

Surgi-Stim x 90 days rental for the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

Decision rationale: Based on MTUS Guidelines, a SurgiStim unit for 90-day rental for the right elbow would not be indicated. SurgiStim is a combination therapy device that includes interferential use as well as neuromuscular electrical stimulation. The role of neuromuscular and electrical stimulation is only recommended as a rehabilitative program following a stroke, with no evidence to support its use in the chronic or acute pain setting. Regarding the use of a SurgiStim in the treatment of the right elbow, MTUS guidelines indicate the physical methods for effectiveness of these units were not based on high-quality studies. Included among these intervention studies were epicondylalgia supports, exercise, heat/cold packs, manipulation, massage, friction massage, soft tissue mobilization, biofeedback, transcutaneous electrical neurostimulation (TENS), electrical stimulation (E-STIM), magnets, diathermy, and acupuncture. Therefore the specific request for the SurgiStim unit would not be indicated in this case.