

Case Number:	CM13-0029379		
Date Assigned:	11/01/2013	Date of Injury:	06/26/2013
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine; has a subspecialty in Cardiology, and is licensed to practice in Texas. 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 patient is a 34-year-old male who reported an injury on 06/26/2013. The mechanism of injury was noted as the patient was performing his usual and customary duties, and slipped and fell off of a wall about 9 feet high, landing on his outstretched left arm, breaking his left elbow. A radiograph of the left elbow performed on 06/26/2013 confirmed a radial head and neck fracture with slight angulations, joint effusion with positive anterior and posterior fat pad signs of the left elbow. The conclusion was of a radial head/neck fracture. On 07/12/2013, the patient underwent left elbow radial head excision with radial head implant with a 22 mm diameter, 6 mm thickness. The patient was seen on 09/17/2013 whereupon examination of the left upper extremity demonstrated a healed incision over the lateral aspect of the left elbow. The patient had diffuse tenderness and slight swelling, and a lack of 30 degrees of full extension, and 20 degrees of full flexion. He also lacks 20 degrees of full supination, and lacks 20 degrees of full pronation. The plan was for the patient to continue with physical therapy 3 times a week for 4 weeks. The patient was most recently seen on 09/09/2013 whereupon he was re-evaluated for the left elbow. The patient, at this time was 8 weeks status post left radial head implant for comminuted left radial head fracture with 2 loose pieces, and at surgery, scuffing of the capitellar surface of the distal humerus. The patient stated he had a 1/10 level of pain at this time. Examination of the elbow noted range of motion of 125 degrees flexion without pain, 5 degrees extension without pain, 20 degrees supination without pain, and 90 degrees pronation without pain. X-ray views of the left elbow both anterior-posterior (AP) and lateral, noted radial head implant and good position. The physician is now requesting retrospective request for 28 days extension of Game Ready vasopneumatic compression cold therapy system including pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 28 days extension of game ready vasopneumatic compression cold therapy system including pad: 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), Shoulder (Acute and Chronic), Continuous-flow cryotherapy, Knee & Leg chapter, and Forearm, Wrist, & Hand (Acute and Chronic), Vasopneumatic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 22-23. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG) Elbow Chapter; Cold packs, and Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: According to California MTUS/ACOEM, it states that medical management can be summarized as protection, rest, ice, compression, elevation, and range of motion exercises for a contusion of the elbow. The Official Disability Guidelines (ODG) was also referred to in this case and states that cold packs are recommended for at home applications during the first few days, thereafter, applications of either heat or cold packs are recommended to suit the patient. Under the continuous flow cryotherapy in the Official Disability Guidelines, it states that these are recommended as an option after surgery, but not for nonsurgical treatment. Furthermore, postoperative use generally may be up to 7 days, including home use. As in the case of this patient, he is now 6 months postoperative. Therefore, the patient is well past the 7 day recommendation for continuous use of a continuous flow cryotherapy unit. The patient is recommended to continue with home treatment with the use of ice or heat therapy on an as needed basis. This can include ice packs, warm showers or warm/cold compresses. However, medical necessity for the retrospective request for 28 days extension of Game Ready vasopneumatic compression cold therapy system including pad cannot be established. As such, the requested service is non-certified.