

Case Number:	CM13-0045356		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2009
Decision Date:	03/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 43-year-old female who reported an injury on September 09, 2009 that ultimately resulted in arthroscopic decompression, synovectomy, and distal clavicle resection with debridement of the labrum, and partial rotator cuff debridement in April 2011. The patient received postsurgical physical therapy and corticosteroid injections. The patient developed ongoing pain in her left elbow with associated weakness. The patient underwent a left elbow cubital tunnel release and an anterior subcutaneous ulnar nerve transposition in October 2013. The patient's treatment plan included a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request to purchase one (1) DonJoy IceMan Clear Cube cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend the rental of a cold therapy unit for up to 7 days for the postsurgical treatment of a patient. The clinical documentation

submitted for review does indicate that the patient recently underwent a surgical procedure. However, the purchase of this unit is not supported by guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request to purchase one (1) DonJoy IceMan Clear Cube cold therapy unit is not medically necessary or appropriate.

The request to purchase one (1) cold pad universal loop: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines do recommend the rental of a cold therapy unit for up to 7 days in the postsurgical management of a patient. As the purchase of the cold therapy unit is not indicated, the additional equipment is also not supported. As such, the request to purchase one (1) cold pad universal loop is not medically necessary or appropriate.