

Case Number:	CM14-0001517		
Date Assigned:	07/11/2014	Date of Injury:	03/28/2013
Decision Date:	10/01/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/04/2014

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. The expert 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 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/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:

This is a 51-year-old male with a 3/28/13 date of injury, when he was in the process of breaking down a door with a handheld battering ram device and injured his right upper extremity, right elbow, right lower extremity and lower back. The patient underwent right lateral epicondylar debridement, extensor fasciotomy, arthrotomy and synovectomy on 1/17/14 and right hip arthroscopy with anterior labral repair and osteoplasty on 4/9/14. The patient was seen on 7/24/14 for the follow up visit. The physical examination of the right shoulder revealed excellent mobility with range of motion 135 degrees with full pronation and supination, forward flexion 115 degrees, abduction 130 degrees and external rotation 35 degrees. Neer and Hawkins tests were negative and the patient had some paresthesias in his right upper extremity and stiffness in his right index finger. The patient was attending physical therapy. The diagnosis is lateral epicondylitis, shoulder pain and lumbar strain/sprain. Treatment to date: work restrictions, physical therapy, medications and intraarticular injections. An adverse determination was received on 12/6/13. The UR decision modified the request from Dme Rental: Ice machine times 2 weeks to 1 week, given, that the relatedness of the patient's condition to the industrial injury was not determined and that QME or AME evaluation should be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME RENTAL: ICE MACHINE TIMES 2 WEEKS: 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 (ODG) Knee Chapter, continuous-flow cryotherapy Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS does not specifically address this issue. ODG states that cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Aetna considers passive hot and cold therapy medically necessary, however mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. The UR decision dated 12/6/13 approved 1-week rental of the ice machine for the patient. There is a lack of documentation indicating subjective and objective gains from the treatment and there is no rationale with regards to the application site of this medical equipment. In addition, the guidelines recommend the postoperative use of up to 7 days and the patient was already approved for the 7 days treatment. Therefore, the request for DME rental: Ice machine times 2 weeks was not medically necessary.