

<b>Case Number:</b>	CM14-0009597		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 47-year-old male with a reported injury on 8/1/12. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/12/13 reported that the injured worker complained of left elbow and forearm pain with myalgia. The physical examination revealed tenderness to palpation at tendons of biceps, left triceps, and extensors. 2+ tenderness was noted at the left pronator teres. The injured worker's diagnoses included left elbow strain/sprain, left lateral epicondylitis, malaise, and myospasms. The injured worker's prescribed medication list was not provided within the clinical notes. The injured worker's prior treatments were not provided within the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a Q-Tech cold therapy recovery system with a wrap for the left arm for home use for up to 21 days for 6-8 hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The treating physician's rationale for the Q-Tech Cold Therapy home utilization was not provided within the clinical notes. The California MTUS/ACOEM guidelines recognize an at-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. The Official Disability Guidelines recommend cold/heat packs as an option for acute pain, at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. There is a lack of clinical information indicating the rationale for a Q-Tech Cold Therapy Recovery System. Moreover, there is a lack of clinical evidence that the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Furthermore, the injured worker's prescribed medication list was not provided within the clinical notes; therefore, the efficacy of the prescribed medication list cannot be determined. Given the information provided there was insufficient evidence to determine appropriateness of cold therapy to warrant medically necessary; thus, the request is non-certified.