

<b>Case Number:</b>	CM14-0014882		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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 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 patients prior treatment history has included a TFCC debridement on 02/21/2013 and right lateral elbow tenotomy on 01/08/2014. The patient has had physical therapy and cortisone injection to the right elbow. Initial evaluation note dated 01/27/2014 documented the patient with complaints of pain in the joint of the upper arm. He is status post right lateral elbow tenotomy which was performed 01/08/2014. She is currently off work and states that her doctor advised her that she would not be able to return to work. Her situation is further exacerbated by concurrent right wrist and hand pain which was previously addressed but not fully resolved by a TFCC debridement and subsequent physical therapy in 2013. She currently utilizes bilateral neoprene wrist braces which she dons at all times. She experiences swelling in her right hand and daily tingling into her 4th and 5th digits. Difficult activities include gripping, lifting light objects, reaching, and performing ADLs such as doing dishes, cleaning and driving. The patient has severe difficulty lifting light objects and grasping objects, and complete difficulty carrying medium weight objects in arms. Current level of pain is 7/10. Objective findings on exam reveal AROM elbow flexion 124 degrees, extension -52 degrees, forearm pronation 0 degrees and supination 12 degrees. There is minimal swelling present over right lateral epicondyle, surgical incision (approximately 2 cm distal to lateral epicondyle) and right hand. Incision is closed and healed. The right lateral epicondyle, incision and extensor muscle belly are tender to palpation. Grip strength on left is 20 pounds and right was not tested secondary to pain. Assessment: Elbow pain and mobility deficits associated with current postoperative condition. Plan of Care: To the right forearm/elbow hot/cold pack to reduce the pain, improve circulation and enable the involved tissues to maximally benefit from the visit's therapeutic procedures. A UR reports dated 11/29/2014 denied the request for a cold therapy unit for the right elbow. Regardless of the

surgery not being medically necessary, either for the ulnar nerve or for the lateral epicondylitis, there was no indication within the peer reviewed literature to support a cold therapy unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **POST-OPERATIVE RENTAL OF COLD THERAPY UNIT FOR 4 WEEKS FOR THE RIGHT ELBOW: 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

**Decision rationale:** As per CA MTUS/ACOEM guidelines and ODG, cold pack is recommended at-home local applications during first few days of acute symptoms and thereafter application of cold packs as the patient prefers. In this case, a progress report dated 01/27/2014 indicates the patient underwent right lateral elbow tenotomy on 01/08/2014. The current complaints include right elbow pain with limitations in performing ADLs. On physical exam, there was tenderness over right lateral epicondyle, decreased AROM of right elbow and strength not tested due to secondary to pain. Thus, the medical necessity for the use of cold therapy unit is established to reduce pain and inflammation. However, the request appears to be for 4 weeks post-op rental of cold therapy unit for the right elbow, which is not supported by the guidelines and therefore is not medically appropriate and necessary.