

Case Number:	CM14-0111625		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2011
Decision Date:	11/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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:

This 59-year-old male groundskeeper sustained an industrial injury on 10/1/11. Injury occurred lifting an EZ-up with immediate onset of pain the right shoulder, neck, and right hand. Past medical history was positive for Bell's palsy. Past surgical history was positive for right shoulder rotator cuff repair in 2013. The 3/13/14 right upper extremity EMG/NCV was reported as a normal study. The 4/14/14 treating physician report cited a right elbow injection had been helpful for 2 weeks followed by recurrence of pain with activities and weakness. Physical exam documented tenderness to palpation over the right medial and lateral epicondyles, positive provocative testing for medial and lateral epicondylitis, and diminished grip strength. Surgery was requested to include right elbow medial and lateral partial epicondylectomy, debridement of tendons and reconstruction. Additional requests for post-operative services and durable medical equipment were noted. The 6/9/14 treating physician reconsideration letter stated the patient had been symptomatic for 3 years. Conservative treatment had included multiple elbow injections, forearm strap, aggressive physical therapy, and continued home exercise without sustained improvement. The 7/9/14 utilization review certified an appeal request for right elbow medial and lateral partial epicondylectomy, debridement of tendons and reconstruction, and 12 post-op physical therapy visits. The request for RN home health evaluation for wound cleaning and assistance with activities of daily living 8 hours a day for 4 weeks following by 2 hours a day for 2 weeks was denied as the requested surgery was a simple surgery to perform and recover from and there were no anticipated complications to support the medical necessity of this request. The request for continuous passive motion machine/Combo stim electrotherapy was denied as not required after a simple epicondylitis procedure. The request for a motorized cold therapy unit/compression DVT Max unit was denied as there was no rationale to support the use of this

unit over home applications of ice/cold packs for edema control and oral anti-coagulants for deep vein thrombosis prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation for postoperative Home Health Care for the purpose of wound cleaning and assistance with daily living activities eight hours daily for four weeks followed by four hours a day for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient would be confined to the home following this surgery. The medical necessity of skilled nursing for wound care is not established relative to this level of surgery. This request for home health assistance 56 hours a week exceeds guideline recommendations for no more than 35 hours per week. Therefore, this request is not medically necessary.

Continuous Passive Motion (CPM) Machine Combo-stim electrotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Passive Motion (CPM)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM)

Decision rationale: The California MTUS and Official Disability (ODG) Guidelines do not provide specific recommendations relative to continuous passive motion (CPM) following Elbow surgery. (The ODG state that CPM is not recommended after shoulder surgery, except in cases of

adhesive capsulitis.) The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of neuromuscular electrical stimulation or galvanic stimulation for post-operative care. Guidelines suggest that interferential current is not recommended as an isolated intervention. Guidelines support limited use of a TENS unit in the post-operative period for up to 30 days. Guideline criteria have not been met. There is no compelling reason to support the prophylactic need for continuous passive motion following epicondylectomy. Guidelines do not support the medical necessity of electrical stimulation beyond the short term use of a TENS unit. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Therefore, this request is not medically necessary.

Motorized cold therapy unit compression DVT Max: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Venous Thrombosis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Shoulder, Cold packs, Venous Thrombosis

Decision rationale: The California MTUS guidelines state that there is only "one quality study on the use of cryotherapy in elbow complaints and recommend home application of ice/cold packs." The Official Disability Guidelines (ODG) recommends cold therapy limited to home application of ice/cold packs. The MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. There is no compelling reason to support the medical necessity of a cold (or combined cold-compression) therapy unit over home application of ice/cold packs. Therefore, this request is not medically necessary.