MAXIMUS Federal Services

Case Number:	CM14-0131201		
Date Assigned:	08/20/2014	Date of Injury:	03/01/2012
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Hand and is licensed to practice in 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 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 59-year-old female who reported injury on 03/01/2012. The mechanism of injury was not provided. The injured worker's diagnoses included right shoulder sprain/strain with tendinitis, lateral epicondylitis of the right elbow, tendonitis of the right wrist and hand. The injured worker's past treatments included physical therapy, medications and surgery. The injured worker's diagnostic studies included an official MRI of the right elbow, right shoulder, and cervical spine on 03/28/2014 which revealed mild tendinosis/tendinopathy of common extensor tendon origin, small joint effusion, mild to moderate tendinosis, moderate narrowing of subacromial space, secondary to hypertrophic degenerative changes of the AC joint, a 3 mm protrusion at C5-6, 2 mm protrusion at C4-5, 2 mm disc bulge at C3-4 and C6-7, 6 mm abnormal vertebral body within the T1, and a 1 cm perineural cyst at C7-T1 involving bilateral neural foramina at C6-7. The injured worker had right elbow surgery on 07/24/2013. On the clinical note dated 08/18/2014, the injured worker complained of pain and numbness to her right upper extremity. The injured worker had tenderness, active range of motion, decreased strength, and sensory deficit noted. The injured worker's medications were not provided. The request was for arm sling purchase and postoperative A-stim motorized cold unit for purchase. The rationale for the request was not provided. The Request for Authorization was submitted on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arm Sling, Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24-25..

Decision rationale: TThe request for Arm Sling (for purchase), Quantity: 1 is not medically necessary. The injured worker is diagnosed with right shoulder sprain/strain with tendonitis, lateral epicondylitis of the right elbow, tendonitis of the right wrist and hand. The injured worker complains of pain and numbness to her right upper extremity. The California MTUS/ACOEM guidelines state pain and limited us of the elbow are typically presenting complaints. There are no quality studies on treating sprains of the elbow. A shoulder sling may be used for up to 1 week. Gentle range of motion exercises are recommended to be initiated at the first visit to prevent complications from immobilization, particularly if the sling is prescribed. While range of motion exercise should concentrate on the elbow, they should include the shoulder joint to prevent frozen shoulder, and the wrist as well. NSAIDs are helpful. Quality studies are not available on these treatment options and there is no evidence of their benefits due to the relatively low incidents. However, these options are low cost, have few side effects and are not invasive. Thus, while there is insufficient evidence upon their use, these options are recommended. The injured worker had surgery on her right elbow on 07/24/2013. The medical records indicated the injured worker had physical therapy however, the results were not provided. The guidelines recommend a sling for up to 1 week usage, the rationale for the request to purchase an arm sling was not provided. The injured worker is noted to have tenderness, active range of motion, decreased strength, and sensory deficit; however, the quantitative objective functional deficits are not mentioned. Additionally, the request does not indicate which arm the sling is requested for. As such, the request for Arm Sling is not medically necessary.

Postoperative A-Stim, Motorized Cold Unit, Quantity: 1: 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), Treatment Index, 11th Edition (web), 2013, Shoulder, Continuous-flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SHOULDER, CONTINUOUS- FLOW CRYOTHERAPY.

Decision rationale: The request for Postoperative A-Stim, motorized cold unit, (for purchase), Quantity: 1 is not medically necessary. The injured worker is diagnosed with right shoulder sprain/strain with tendonitis, lateral epicondylitis of the right elbow and tendonitis of the right wrist and hand. The injured worker complains of pain and numbness to her right upper extremity. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. However, the effect

on more frequently treated acute injuries has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in cooling packs. The injured worker is noted to have tenderness, active range of motion, decreased strength, and sensory deficit. The injured worker had right elbow surgery on 07/24/2013. The request does not indicate the rationale for the purchase of the motorized cold unit. The injured worker's medical records lack documentation of the efficacy of the current medication regimen, to include pain and functional status, and the documented objectives of failure of conservative care. Additionally, the submitted request does not indicate the frequency, length of time, or site at which the unit is to be used. As such, the request for Postoperative A-Stim, Motorized Cold Unit, is not medically necessary.