

Case Number:	CM14-0134506		
Date Assigned:	08/27/2014	Date of Injury:	10/05/2005
Decision Date:	09/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 injured worker is a 52-year-old male who has submitted a claim for lateral epicondylitis associated with an industrial injury date of October 5, 2005. Medical records from 2014 were reviewed. The patient complained of severe right elbow pain. Physical examination showed severe tenderness at the right lateral epicondyle, and mild to moderate on the left; and severe elbow pain with grip strength testing, resisted dorsiflexion resistance maneuvers, right worse than left. The diagnosis was severe right lateral epicondylitis with partial tearing of extensor tendon attachment. The patient was authorized right elbow surgery done on August 8, 2014, and postoperative physical therapy. He is status post open debridement of right extensor carpi radialis brevis and repair of right lateral extensor tendons and partial epicondylectomy. Treatment to date has included oral analgesics, physical therapy, home exercise program, elbow brace, activity modification, trigger point injections, and right elbow surgery. Utilization review from August 6, 2014 modified the request for post op hot/cold therapy unit to postoperative cold therapy unit 7-day rental to reduce postoperative pain and the need for oral pain medications. The request for postoperative elbow brace was denied as well because cold therapy unit was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op hot/cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold (http://www.aetna.com/cpb/medical/data/200_299/0297.html).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. According to the literature, passive hot and cold therapy medically necessary. However, use of the Hot/Ice Machine and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, patient was authorized right elbow surgery done on August 8, 2014 for which hot/cold therapy unit was requested. However, the guidelines do not recommend ice machines and similar devices as they are not proven to be superior over standard cryotherapy. There was no discussion as to why conventional cold pack application would not suffice. Therefore, the request for Post operative hot/cold therapy unit is not medically necessary.

Post op elbow brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Official Disability Guidelines (ODG), a splint or foam elbow pad worn at night may limit movement and reduce irritation. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, patient was authorized right elbow surgery done on August 8, 2014. He is status post open debridement of right extensor carpi radialis brevis and repair of right lateral extensor tendons and partial epicondylectomy. Post operative physical therapy was authorized as well. Splinting in conjunction with physical therapy is supported by the guideline. The medical necessity was established. Therefore, the request for Post op elbow brace is medically necessary.