

Case Number:	CM14-0177511		
Date Assigned:	10/30/2014	Date of Injury:	03/16/2013
Decision Date:	12/17/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopaedic 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 51-year-old female cashier sustained an industrial injury on 3/18/13. The mechanism of injury was not documented. Past medical history was positive for heart disease, high cholesterol, and vascular disease under current treatment, and diabetes mellitus or metabolic disorder under current treatment. The patient underwent right elbow tendon release on 9/14/13. She did well in the initial post-op period but reported a significant symptom flare on 2/8/14 lifting a hand basket at work. The 9/25/14 treating physician pre-op report indicated the patient had undergone right elbow surgery with no benefit. She had been treated for lateral elbow pain, including 2 injections with short-term relief. Physical exam documented pain over the right lateral epicondyle, and pain over the lateral elbow with resisted pronation, and active and passive range of motion. Cozen's test was positive. Surgery was recommended. A request for post-op use of a VascuTherm 4 unit for 4-week rental with purchase of the right elbow garment was also submitted. The 10/14/14 utilization review denied the request for 4-week rental of a VascuTherm 4 unit and associated garment purchase as there was no medical rationale to support a cold therapy and compression unit following routine lateral epicondylitis release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4x4 week rental for the right elbow starting 10/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow Chapter Cold Packs

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) Shoulder, Cold compression therapy, Elbow, Cold packs

Decision rationale: The California MTUS and Official Disability Guidelines recommend the use of cryotherapy limited to at-home applications of cold packs. There is no evidence based medical guideline support for cold compression therapy in upper extremity surgeries. Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis (DVT) 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. The patient had limited risk factors for venous thrombosis relative to the right elbow procedure. 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 therapy unit over standard cold packs. Therefore, this request is not medically necessary.

Right elbow garment purchase set/delivery: Upheld

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

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) Shoulder, Cold compression therapy, Elbow, Cold packs

Decision rationale: As the associated durable medical equipment is not supported, this request is not medically necessary.