

<b>Case Number:</b>	CM14-0031245		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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, has a subspecialty in Pain Management 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 patient is a 49 year old male who was injured on 01/07/2012 when he slipped and fell on a puddle of water while carrying a box of lunch into his office. Prior treatment history has included the patient undergoing right elbow surgery in May of 2013. Diagnostic studies were not submitted for review. Progress report dated 02/05/2014 documented the patient with complaints of aching pain in the neck. The pain increases when turning the head from side to side, flexing and extending the head and neck, reaching or lifting and with prolonged sitting and standing. Also the patient complained of sharp dull burning, stabbing and aching pain in the right elbow that increases with reaching, lifting, carrying, pulling and pushing. The patient has swelling, clicking and popping sensation with numbness, tingling and weakness. The pain level varies throughout the day with a level 9/10. Objective findings one exam includes tenderness to palpation mainly on the right cervical spine at level C5 and C6. There is also pain with left cervical rotation as well as extension. The range of motion flexion is to 45 degrees, extension to 55 degrees, right rotation to 80 degrees and left rotation. Examination reveals tenderness to palpation in the medial aspect of the right elbow. The range of motion of the elbows revealed flexion to the right and left 140 degrees and extension 0 bilaterally. Treatment Plan; The patient has been prescribed Norco 5/325 mg, naproxen, Cyclobenzaprine, Pantoprazole, capsaicin, menthol, camphor, and Tramadol as topical medication. Request authorization for patient to obtain initial functional capacity evaluation and request authorization for a course of chiropractic manipulation and adjunctive physiotherapy of the right elbow. Request authorization for acupuncture of the right elbow and for patient to obtain psychiatric consultation for depression and request authorization for patient to obtain sleep study test. Utilization report dated 03/03/2013 states the request for heat/cold unit purchase was not certified due to the medical necessity for the passive physical modality cannot be established based upon clinical guidelines

and/or clinical data submitted at this time. The request for an elbow brace for the right elbow was not certified due to a lack of documentation.

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

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

#### **Durable Medical Equipment: Heat /Cold Unit Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (online version), Pain Chapter, Hot and Cold Therapy.

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

**Decision rationale:** The ODG guidelines recommend consideration of heat/cold units in the acute phase of injury or early in the treatment phase for specific conditions. The medical records document that the unit is to be used in multiple regions of the body, but there are no corresponding diagnoses. Further, the documents show the patient has attained maximum medical improvement, and it is unclear why specific medical equipment is necessary at this time. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary.

#### **Right Elbow Brace Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (online version), Elbow, Supports and Braces.

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

**Decision rationale:** The MTUS Guidelines do not address durable medical equipment issues. The ODG Guidelines recommends elbow bracing or padding for/as cubital tunnel syndrome and Epicondylitis as a short term treatment. The medical records document history of right elbow surgery, but no further symptoms or complaints are documented. Further, the documents show surgery was performed over one year ago. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary.