MAXIMUS Federal Services

Case Number:	CM14-0037054		
Date Assigned:	06/25/2014	Date of Injury:	02/18/2005
Decision Date:	08/12/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 40-year-old male store manager sustained an industrial injury on 2/18/05, when he fell from a ladder onto his left arm. He sustained a severe compound left elbow fracture and comminuted distal radial and ulnar fractures. He required stabilization surgery for the elbow and wrist and was hospitalized for one week. A left elbow arthroscopy with ulnar nerve transposition was performed 3/6/06. The patient underwent left elbow arthroscopy with synovectomy, open radial head excision, lysis of adhesions, excision of ectopic bone and tip of olecranon, Outerbridge-Kashiwagi resection arthroplasty, capsular release, and medial and ulnar collateral ligament resection on 7/25/13. The 1/3/14 treating physician report cited left elbow pain and dysfunction. When he held his arm overhead, he could not extend the elbow. There was an apparent defect in the triceps. The treating physician opined triceps insufficiency and requested an MRI to assess the quality of the triceps. The 1/8/14 AME report documented occasional left shoulder pain, intermittent left elbow pain, and constant left wrist pain with numbness into the hands and fingers. Left elbow pain was reported aggravated by cold weather. The left upper extremity exam documented diffuse elbow tenderness, normal carrying angle, no soft tissue swelling, and trace instability to varus and valgus stress. Left elbow range of motion documented -50 degrees extension, 90 degrees flexion, 10 degrees supination, and 20 degrees pronation. Post-operatively, he had significant weakness and persistent stiffness. On-going treatment of the left elbow was recommended. A request was submitted for left triceps repair and associated surgical services/durable medical equipment. The 3/21/14 utilization review denied the request for left triceps repair and the associated requests as there were no definitive findings of complete rupture on MRI, there was no clinical information regarding onset and original injury, and there was no documentation of conservative measures employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascuderm Cold Therapy Unit 14 Day Rental: Upheld

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

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, Cold Compression Therapy.

Decision rationale: The Official Disability Guidelines do not recommend cold compression therapy in for patients undergoing upper extremity surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. There is no support for continuous flow cryotherapy over standard ice parks for the proposed surgery. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over a standard cold pack in the absence of demonstrated improved clinical efficacy. Therefore, this request for Vascuderm cold therapy unit for 14 days rental is not medically necessary.