MAXIMUS Federal Services

Case Number:	CM14-0038561		
Date Assigned:	06/27/2014	Date of Injury:	07/23/2013
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 & 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 27-year-old male who reported an injury on 07/23/2013 due to cumulative trauma. The injured worker complained of burning right elbow pain and muscle spasms, and the pain was rated at 6/10 to 7/10. The pain was aggravated by gripping, grasping, reaching, pulling, and lifting. The injured worker also complained of burning right wrist pain with muscle spasms. The description of the pain was noted as constant and moderate to severe. The pain was rated at 6/10 to 7/10. The pain was aggravated by gripping, grasping, reaching, pulling, and lifting as well. The injured worker also complained of weakness, numbness, tingling of the hand and fingers. The physical examination dated 03/19/2014 noted there was tenderness to palpation at the medial epicondyle. The range of motion of the right elbow was noted as flexion at 140 degrees, extension at 0 degrees, pronation at 90 degrees, and supination 90 degrees. The special orthopedic test was Tinel's elbow as positive on the right and Cozen's sign also positive on the right. There was tenderness to palpation at the triangular fibrocartilage complex, carpal tunnel, and at the extensor carpal nerves. There was tenderness to palpation with pain at the distal radial ulnar joint. Tenderness to palpation was noted at the first dorsal extensor muscle compartment. The range of motion of the right wrist was noted as flexion at 50 degrees, extension at 50 degrees, radial deviation at 10 degrees, and ulnar deviation at 15 degrees. The injured worker's diagnoses were listed as pain in the right elbow, rule out cubital tunnel syndrome, pain in the right wrist, rule out radial styloid tenosynovitis, rule out carpal tunnel syndrome, and rule out traumatic rupture of the right ulnocarpal ligament The injured worker's medications were listed as Deprezine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream The injured worker's past treatment diagnostics were MRI to the right wrist dated 03/10/2014. The impression was no evidence of thickness in the flexor retinacular; an MRI of the right elbow dated 03/10/2014, which the impression was noted as unremarkable. The

treatment plan was for a hot and cold therapy unit and a TENS unit. The request for authorization form for the TENS unit was dated 02/05/2014 and was submitted with the documentation for review. The request for authorization form for a hot and cold therapy unit was not submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complained of right elbow and right wrist pain with a burning sensation and muscle spasms. The injured worker reported and rated the pain at 6/10 to 7/10 per the physical examination dated 03/19/2014. The Official Disability Guidelines recommend up to a 7 day rental for a cold therapy unit for injured workers who are status post surgical intervention. It is not recommended for nonsurgical treatment. In addition, there were no time frames or frequencies provided with the request. As such, the request for a hot and cold therapy unit is not medically necessary.