

<b>Case Number:</b>	CM14-0041943		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 58-year-old female instructional assistant sustained an industrial injury 9/3/13. Onset of sharp right elbow pain and burning sensation was reported while changing a student's diaper. The 1/29/14 treating physician progress report cited no relief of wrist and elbow symptoms with conservative treatment. Medial epicondylectomy and ulnar nerve release were recommended. The 2/10/14 treating physician letter requested cold compression therapy to treat post-operative pain and swelling. The patient underwent right medial epicondylectomy and ulnar nerve release on 2/24/14. The 3/4/14 progress report cited some medial right elbow pain with stiffness. The wound was benign. Physical exam documented some stiffness and right and small finger numbness. Occupational therapy was to begin 2x6, next week. The 3/10/14 utilization review partially certified the request for pneumatic cold compression wrap for 7 days consistent with guidelines. The patient's appeal letter stated that she had the unit for a total of 18 days. She did not receive notification of the utilization review decision until after the unit was picked up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic cold compression wrap X 23 days for right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) post-op 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) Shoulder, Cold compression therapy, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding pneumatic cold compression for elbow complaints. The Official Disability Guidelines generally support continuous flow cryotherapy for upper extremity surgeries up to 7 days post-operatively. Cold compression therapy is not recommended in the shoulder and not addressed by the ODG relative to the elbow. The 3/10/14 utilization review decision recommended partial certification of this cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for pneumatic cold compression wrap for 23 days for right elbow is not medically necessary.