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| Case Number: | CM14-0044092 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/12/2008 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 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 55-year-old female who reported an injury due to cumulative trauma on 01/12/2008. On 03/05/2014, her complaints included a constant aching, throbbing pain in the right thumb and wrist with associated numbness. The pain radiated up to the shoulder and neck and she rated her pain at 7/10 to 9/10. She reported having difficulty gripping, grasping, holding and manipulating objects with her hands. Her pain interfered with her ability to cook, do laundry, clean house or go shopping. Her diagnoses included status post right tennis elbow release, severe left tennis elbow, status post right carpal tunnel release, sprain/strain of the right wrist, sprain/strain of the left wrist and ulnar neuritis. Her medications included Norco, Celebrex, "a muscle relaxer," and Biofreeze. No dosages or frequencies were noted. The treatment plan included a request for a left lateral epicondyle release. The rationale stated that following surgery, the injured worker would benefit from the use of a cold compression wrap to ease swelling. The Request for Authorization dated 03/05/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Compression Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cold packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Cold packs, Knee & Leg, Compression garments.

Decision rationale: The Official Disability Guidelines do recommend the use of compression, but little is known about dosimetry in compression or for how long or at what level it should be applied. Low levels of compression, that is 10 mmHg to 30 mmHg applied by stockings are effective in the management of prevention of edema and deep vein thrombosis. High levels of compression can be produced by bandaging and strong compression stockings in a range of 30 mmHg to 40 mmHg. For the elbow, cold packs are recommended for at home applications during the first few days after surgery. Thereafter, applications of either heat or cold packs are recommended to suit the patient's needs. There was no body part or parts specified in the request. Additionally, there was no documentation that the proposed surgery had ever taken place. Also, the request was for an unknown duration and the guidelines recommended only a few days use of a cold pack. The clinical information fails to meet the evidence based guidelines for cold compression wrap. Therefore, this request for cold compression wrap for unknown duration is not medically necessary.