

Case Number:	CM14-0070033		
Date Assigned:	07/14/2014	Date of Injury:	12/19/2012
Decision Date:	09/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 c 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 54 year-old patient sustained a cumulative injury on 12//19/12 while employed by [REDACTED]. The request(s) under consideration included; supervised post-operative rehabilitative therapy 3 times per week for 4 weeks, Surgistim Unit for 90 Days, and cool care cold therapy unit. The left elbow ultrasound on 9/25/13 showed common extensor edema microtears and fibrosis. The patient was noted to have failed conservative care to include; physical therapy, home exercise, activity modification, and medications. The pain was rated at 5/10 with exam revealing severe tenderness at lateral epicondyle, lateral extensor origin, and at lateral collateral ligament. The treatment plan includes elbow surgical exploration. Utilization review dated 4/18/14 has medical necessary of open exploration debridement and repair of lateral epicondyle surgery. The request(s) for; supervised post-operative rehabilitative therapy 3 times, per week for 4 weeks was modified for 6 post-op physical therapy, cool care cold therapy unit was modified for 7 post-op days, while the Surgistim Unit for 90 Days was not medically necessary on 4/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Post-Operative Rehabilitative therapy 3 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6-7.

Decision rationale: Postsurgical treatment course include recommendation for 12 total PT visits over 12 weeks period for lateral Epicondylitis procedure with initial number of visit trial and further consideration pending documentation of functional improvement. Submitted reports have not adequately documented support for the above request outside the guidelines criteria and recommendations. There is no new information or reports documenting functional outcome from the 6 post-op PT visits to support further therapy. The Supervised Post-Operative Rehabilitative therapy 3 times per week for 4 weeks is not medically necessary and appropriate.

Surgistim Unit for 90 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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) Electrical stimulation (E-STIM), page 112.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of, Surgistim Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach, as appropriate for documented chronic intractable pain of; at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include; medications, therapy modalities, and rest. However, functional status and pain relief remain unchanged. Guidelines do not recommend Surgistim Unit for post-op care of lateral epicondyle repair. There are no documented short-term or long-term goals of treatment with the Surgistim Unit. Submitted reports have not adequately addressed, or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Surgistim Unit for 90-days. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered for this request of Surgistim Unit for 3 months, outside guidelines' recommendation for 30-day trial. The Surgistim Unit for 90 Days is not medically necessary and appropriate.

Cool Care Cold therapy Unit: 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), Knee and Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Cold Packs, Continuous cold therapy (CCT), page(s) 74 111.

Decision rationale: MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of Cryotherapy post-surgery. However, limits the use for 7-day post-operative period as efficacy has not been proven after. The patient had been provided medical necessary for a 7-day post-op cold therapy care. Submitted reports have not, adequately demonstrated support for further treatment without any, noted post-operative complications or extenuation circumstances beyond guidelines recommendations. The patient has received the therapy sessions recommended for this post-surgical period. The Cool Care Cold therapy Unit is not medically necessary and appropriate.