

Case Number:	CM14-0096261		
Date Assigned:	07/25/2014	Date of Injury:	12/13/2011
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The claimant has a history of a cumulative trauma work-related injury of both upper extremities with date of injury of 12/13/11. She had previously undergone a cervical spine fusion. EMG/NCV (Electromyography / Nerve Conduction Velocity) testing is referenced as showing chronic bilateral C7 and T8 radiculopathies, chronic left C6 radiculopathy, right carpal tunnel syndrome and possible right ulnar neuropathy at the elbow. She had persistent bilateral elbow pain. When seen in January 2013 there was a positive left Tinel's sign at the elbow and hypothenar muscle atrophy with decreased ulnar nerve distribution sensation. She was diagnosed with cubital tunnel syndrome and on 05/12/14 underwent a left ulnar nerve transposition with partial medial epicondylectomy and fasciotomy. On 05/16/14 she was four days status post-surgery and had left medial elbow pain rated at 6/10. Medications were helping and were without side effects. There were expected postoperative findings. She was continued at temporary total disability. Treatments included physical therapy with 12 sessions completed from 06/03/14 through 07/18/14. On 06/03/14 she was given instructions in performing range of motion, strengthening, and stability exercises as part of a home exercise program. On 06/18/14 physical therapy was helping with pain and improving activity tolerance. Hydrocodone was prescribed. She was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Hot/Cold Unit and Hot/Cold Therapy Wrap, (Date of Service: 05/12/14):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 10 (Revised 2007), Page 27; Official Disability Guidelines, Elbow Procedure Summary (updated 02/14/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: The claimant is status post ulnar nerve transposition with medial epicondylectomy and fasciotomy without reported complication. Use of heat and ice are low cost as at-home applications, has few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. A combination hot/cold unit and wrap are not needed for this claimant's post-operative treatment. Therefore, the request for Purchase of Hot/Cold Unit and Hot/Cold Therapy Wrap, (Date of Service: 05/12/14) is not medically necessary and appropriate.

Vascutherm Unit 24 day rental and purchase of Vascutherm Pad, (Date of Service: 05/12/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jt Comm J Qual Patient Saf. 2011 Apr;37(4):178-83. Venous Thromboembolism prophylaxis in surgical patients: identifying a patient group to maximize performance improvement. Weigelt JA, Lal A, Riska R. last updated 04/01

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clin

Decision rationale: The claimant is status post ulnar nerve transposition with medial epicondylectomy and fasciotomy without reported complication. Deep venous thrombosis prophylactic therapy for prevention of DVT (Deep Venous Thrombosis) is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant began physical therapy treatments approximately 2 weeks after surgery including range of motion, strengthening, and stability exercises as part of a home exercise program. She has no identified high risk factors for developing an upper extremity deep vein thrombosis or history of prior thromboembolic event. She had not undergone a major surgical procedure. If prophylaxis was indicated she would not be expected to be intolerant of other means of prophylaxis including an oral anticoagulant. The requested unit also provides thermal modalities with heat and cold including contrast therapy. Use of heat and ice are low cost as at-home applications are recommended. Simple, low-tech thermal modalities would meet the claimant's needs. The use of the requested unit for this purpose is not needed for this claimant's post-operative treatment. Therefore, the request for Vascutherm Unit 24 day rental and

purchase of Vascutherm Pad, (Date of Service: 05/12/14) is not medically necessary and appropriate.