

<b>Case Number:</b>	CM14-0097643		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient has a history of chronic elbow pain. The patient has had multiple attempts at conservative measures for the treatment of chronic elbow pain. The patient is taking medications without relief. The patient has had exercises without relief. The patient was indicated for surgery for chronic elbow pain and diagnosed with lateral epicondylitis that was refractory to multiple attempts at conservative measures. The patient continues taking medications and still had chronic elbow pain that limited ability to perform physical activity. The patient has a history of lateral epicondylitis debridement on April 18, 2014. At issue is whether postoperative treatment measures are medically necessary. The medical records were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder Sling:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** MTUS guidelines recommend activity modification as needed. To immobilize the elbow in a sling postoperatively is consistent with activity modification.

Guidelines therefore support the use of a sling postoperatively. Therefore, this request for a shoulder sling to immobilize the elbow postoperatively is medically necessary.

**Cold Therapy System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Chapter- Continuous cold Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder and Elbow Chapter

**Decision rationale:** Official Disability Guidelines guidelines do not support the use of continuous fluoroscopy packs after elbow surgery. MTUS guidelines do recommend use of cold packs and this can easily be accomplished with conventional ice pack therapy. Medical necessity for cold therapy flow system is not supported by current guidelines. There is no documentation that cold therapy flow system is more beneficial than cold packs. Therefore, this request is not medically necessary.

**Surgistim 4, 1-2 month rental and purchase and supplies as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder and Elbow Chapter.

**Decision rationale:** Official Disability Guidelines do not support the use of a multimodality stimulation unit after elbow surgery. This unit is not medically necessary and is not supported by guidelines.