

<b>Case Number:</b>	CM14-0203312		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 year old male claimant with an industrial injury dated 01/29/09. The patient is status post a right cubital tunnel release as of 10/17/13. Conservative treatments include radial tunnel injections. Exam note 08/15/14 states the patient right shoulder and left elbow pain. The patient received a cortisone injection to the right elbow and explained that he does have good benefits from the injections. Upon physical exam there was evidence of an effusion present along with swelling. Exam Tinel's sign is noted as positive in the radial nerve and negative in the antecubital and ulnar nerve. There is a surgical scar present on the right elbow along with ecchymosis and erythema. There was evidence of tenderness surrounding the medial epicondyle, lateral epicondyle, and olecranon process. Range of motion was noted as a flexion of the elbow of 125' and an extension of 170' bilaterally. Supination of the forearm was noted as 75', and pronation of 65' bilaterally. Exam note 09/29/14 states the patient returns with elbow pain. The patient rates the pain a 7/10. Upon physical exam there was evidence of tenderness laterally. The patient demonstrated evidence of radiation. Diagnosis is noted as right lateral epicondylitis. Treatment includes a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow (updated 10/20/14) Cold packs ODG Shoulder (updated 10/31/14) 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 section, cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is for non-certification.

**Sterile wrap purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 10/31/14) Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.