

Case Number:	CM14-0207722		
Date Assigned:	12/19/2014	Date of Injury:	05/29/2012
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

According to the records made available for review, this is a 53-year-old female with a 5/29/12 date of injury. At the time (10/20/14) of request for authorization for Associated surgical service: Post-op cold compression unit (days) Qty: 21 and Associated surgical service: Post-op physical therapy (visits) Qty: 18.00, there is documentation of subjective (left elbow pain) and objective (tenderness over the medial and lateral epicondyle and pain on resisted wrist flexion and finger extension) findings, current diagnoses (chronic left elbow lateral epicondylitis), and treatment to date (medications and physical therapy). Medical reports identify a left elbow lateral fasciectomy that is authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op cold compression unit (days) Qty: 21: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of chronic left elbow lateral epicondylitis. In addition, there is documentation of a left elbow lateral fasciectomy that is authorized/certified. However, the requested Associated surgical service: Post-op cold compression unit (days) Qty: 21 exceeds guidelines (up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Post-op cold compression unit (days) Qty: 21 is not medically necessary.

Associated surgical service: Post-op physical therapy (visits) Qty: 18.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of chronic left elbow lateral epicondylitis. In addition, there is documentation of a left elbow lateral fasciectomy that is authorized/certified. However, the requested Associated surgical service: Post-op physical therapy (visits) Qty: 18.00 exceeds guidelines (for an initial course). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Post-op physical therapy (visits) Qty: 18.00 is not medically necessary.