

Case Number:	CM14-0210578		
Date Assigned:	12/23/2014	Date of Injury:	04/28/2014
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 is a 63 year-old male with a 4/28/2014 date of injury. On 11/24/14 utilization review denied a request for Intermittent Limb Compression Device (██████████) Rental x 30 days and wrap purchase. The reviewer notes the device was dispensed on 7/16/14 following the elbow surgery on the same date. The device was denied because there was limited documentation that the patient is at increased risk for DVT. The 7/16/14 operative report does not discuss the ██████████ device, nor is it mentioned on the 7/18/14, 8/4/14, and 8/12/14 follow-up reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Limb Compression Device (██████████) Rental x 30 days and wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 9.

Decision rationale: MTUS and ACOEM and ODG did not discuss compressive cryotherapy devices in the elbow chapters. MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional

restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". There is no reported efficacy or use of the device. MTUS guidelines do not recommend continued treatment without functional improvement. The continued use of the device is not in accordance with MTUS guidelines. The request for Intermittent Limb Compression Device (██████████) Rental x 30 days and wrap purchase is not medically necessary.