

<b>Case Number:</b>	CM14-0210811		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 50 year-old female. The patient's date of injury is 6/8/2012. The mechanism of injury is not stated. The patient has been diagnosed with elbow pain, lateral epicondylitis, right shoulder impingement and wrist pain. The patient's treatments have included activity modification, bracing, and injections. The physical exam findings dated May 19, 2014 states the lateral epicondyle is with tenderness. There is also noted pain with handshaking. The patient's medications the patient is on, is not stated in the documents provided. The request is for a cold therapy unit with pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold-therapy unit with pads purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Summary of Recommendations, Cold Therapy Unit Page(s): 181-183.

**Decision rationale:** MTUS recommends at-home applications of heat and cold and would support hot and cold packs for acute pain. There is no medical rationale why a home ice pack would not be sufficient in this particular case. According to the clinical documentation provided and current MTUS guidelines; a Cold Therapy unit with pads, is not indicated as a medical necessity to the patient at this time.