

<b>Case Number:</b>	CM15-0007580		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 injured worker is a 48 year old female with an industrial injury dated 03/12/2012. Her diagnoses include right elbow lateral epicondylitis. Previous treatments have included acupuncture, medications, injections and physical therapy. The injured worker underwent a right lateral humeral epicondylectomy and reconstruction of the right elbow common extensor tendon origin. In a progress note dated 11/20/2014, the treating physician reports that this type of cooling system was being requested due to the multi-modality treatment is preferred over simple ice/heat packs for the additional benefits of compression and increased patient compliancy and the regulation of temperature to prevent over icing or over heating resulting in tissue damage. The treating physician is requesting a ThermoCool DVT (deep vein thrombosis) compression system for post-surgical reduction in pain, inflammation and increased, which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a request for a Vascutherm 4 system times a 4 week rental with a Vascutherm right elbow garment, noting the absence of any rationale stating why passive modalities (cold packs) cannot be used. The MTUS Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of Vascutherm 4 system times a 4 week rental with a Vascutherm right elbow garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4 system rental for 4 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, continuous flow therapy Elbow, Cold and Heat packs Uptodate.com, Prevention of venous thromboembolic disease in medical patients

**Decision rationale:** MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)". The use of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. UpToDate also writes, "Mechanical methods of thromboprophylaxis include intermittent pneumatic compression (IPC), graduated compression stockings (GCS), and venous foot pumps (VFP). Mechanical methods for the prevention of venous thromboembolism (VTE) are primarily indicated in patients at high risk of bleeding or in whom anticoagulation is contraindicated (eg, gastrointestinal or intracranial hemorrhage)." The medical records do not indicate the patient at high risk of bleeding or indicate any contraindication of anticoagulation. As such the request for Vascutherm 4 system rental for 4 weeks is not medically necessary.

**Vascutherm right elbow garment: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, continuous flow therapy Elbow, Cold and Heat packs Uptodate.com, Prevention of venous thromboembolic disease in medical patients

**Decision rationale:** MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm

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