

Case Number:	CM15-0109738		
Date Assigned:	06/16/2015	Date of Injury:	07/13/2014
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 7/13/2014. He reported striking the right elbow with subsequent pain radiating down toward hand and weakness. Diagnoses include right epicondylitis; status post right elbow surgery. Treatments to date include medication management, physical therapy and therapeutic injections. Currently, he was evaluated for the right elbow. On 5/7/15, the physical examination documented intact sutures, limited range of motion, limited swelling and no evidence of infection. He was status post right elbow debridement and repair on 4/28/15. The plan of care included discontinuing the sutures, a long arm cast and request to authorize initiation of physical therapy. This appeal request was to authorize a Pro-sling and twenty-one day rental of Q-tech cold arm therapy recovery system with wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pro sling: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20, 24-25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Wrist Chapter, Splinting.

Decision rationale: This patient presents with right elbow pain. The current request is for 1 pro sling. The RFA is dated 05/18/15. Treatments to date include medication management, physical therapy and therapeutic injections. The patient is not working. ODG, Wrist Chapter, Splinting, states, "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces)." This patient is status post right elbow debridement and repair on 4/28/15. Examination on 5/7/15 revealed intact sutures, limited range of motion, limited swelling and no evidence of infection. The treater is requesting a Pro sling for post-operative use. ODG allows for splinting of the elbow as an option for conservative treatment. Given the patient's post-operative state and residual complaints, a trial splinting is reasonable. This request is medically necessary.

21 day rental of q-tech cold therapy recovery system with wrap: 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), 11th edition (web) Knee, 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 Shoulder Chapter, under Continuous-flow cryotherapy.

Decision rationale: This patient presents with right elbow pain. The current request is for 21 day rental of q-tech cold therapy recovery system with wrap. The RFA is dated 05/18/15. Treatments to date include medication management, physical therapy and therapeutic injections. The patient is not working. ODG Elbow chapter does not discuss post-operative Cold therapy, though ODG guidelines, Shoulder Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries -e.g., muscle strains and contusions -has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating." This patient is status post right elbow debridement and repair on 4/28/15. Examination on 5/7/15 revealed intact sutures, limited range of motion, limited swelling and no evidence of infection. The treater is requesting a 21-day rental of Q-tech unit. In regard to the request for a 21 day rental of a cold therapy unit following this patient's recent surgery, the treater has specified an excessive duration of therapy. While such unit would be considered appropriate for the management of pain and swelling following this patient's recent elbow surgery, the specified 21-day duration exceeds guideline recommendations of 7 day post-operative use. Therefore, the request is not medically necessary.

