

Case Number:	CM15-0017425		
Date Assigned:	02/05/2015	Date of Injury:	02/11/2014
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This 52 year old female sustained an industrial injury to the left elbow on 2/11/14. Treatment included left lateral epicondyle surgery (10/23/14), physical therapy, injections, tennis elbow straps, home exercise and medications. In a request for authorization 10/23/14, the physician recommended the use of a Q-Tech Therapy Recovery System for 21 days postoperatively and a Pro-Sling. In a PR-2 dated 12/9/14, the injured worker complained of ongoing left elbow pain. The physician noted that the injured worker had regained 90% of left elbow range of motion after postoperative physical therapy but continued to exhibit diminished strength. Physical exam was remarkable for left elbow with some soft tissue swelling and tenderness to palpation without evidence of infection. Motor strength was 5/5 throughout with intact sensation and reflexes. The treatment plan included continued physical therapy three times a week for four weeks and a prescription for Ultram. On 1/8/15, Utilization Review modified a request for Q-Tech Cold Therapy Recovery System with wrap, Q-Tech DVT Prevention System x21 days and Purchase Cold Therapy Wrap to Q-tech cold therapy recovery system with wrap times 7 days citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with wrap x21 days: 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) Shoulder.

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: The patient is a 52 year old female who presents with unrated left elbow pain and loss of range of motion following recent surgery, reports some improvement with physical therapy. The patient's date of injury is 02/11/14. Patient is status post left lateral elbow and proximal forearm fasciotomy with extensor origin detachment, debridement and stripping of degenerative tissue, lateral epicondyle osteotomy and elbow arthrotomy on 10/23/14. The request is for Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP X21 DAYS. The RFA was not provided. Physical examination dated 12/09/14 reveals some soft tissue swelling around the left elbow, well healed surgical incisions, tenderness to palpation, decreased left hand grip strength, and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left elbow dated 08/13/14, significant findings include: "4-5mm focus of partial thickness intrasubstance tear involving the proximal insertion of the common extensor tendon... small joint effusion is present..." Patient is temporarily totally disabled. 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 -eg, 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." In regards 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 a unit would be considered appropriate for the management of pain and swelling following this patient's recent and extensive elbow surgery, the specified 21 day duration exceeds guideline recommendations of 7 day post-operative cryotherapy. Therefore, the request IS NOT medically necessary.

Q-Tech DVT Prevention System x21 days: 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) Shoulder/Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg chapter under venous thrombosis.

Decision rationale: The patient is a 52 year old female who presents with unrated left elbow pain and loss of range of motion following recent surgery, reports some improvement with physical therapy. The patient's date of injury is 02/11/14. Patient is status post left lateral elbow and proximal forearm fasciotomy with extensor origin detachment, debridement and stripping of degenerative tissue, lateral epicondyle osteotomy and elbow arthrotomy on 10/23/14. The request is for Q-TECH DVT PREVENTION SYSTEM X21 DAYS. The RFA was not provided. Physical examination dated 12/09/14 reveals some soft tissue swelling around the left elbow, well healed surgical incisions, tenderness to palpation, decreased left hand grip strength, and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left elbow dated 08/13/14, significant findings include: "4-5mm focus of partial thickness intrasubstance tear involving the proximal insertion of the common extensor tendon... small joint effusion is present..." Patient is temporarily totally disabled. While the ODG elbow chapter does not discuss prevention, ODG guidelines, Knee & Leg chapter under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." In regards to the request for a proprietary DVT prevention intermittent compression system, the treater has not provided a reason for the request. DVT prophylaxis is an important consideration for patient's who have undergone surgery and are expected to remain bedridden for a prolonged period, or in patient's whose existing comorbidities increase their risk for deep vein thromboses. In this case, the patient has undergone elbow surgery, there is no indication that this procedure will require a prolonged period of bedrest. Additionally, the treater does not provide discussion of any existing comorbidities which would place this patient at a higher risk of deep vein thrombosis. Without a clearer rationale as to why such a system is necessary for this patient's recovery, or the presence of additional risk factors, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Purchase Cold Therapy 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) Shoulder/Cold Compression Therapy.

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: The patient is a 52 year old female who presents with unrated left elbow pain and loss of range of motion following recent surgery, reports some improvement with physical therapy. The patient's date of injury is 02/11/14. Patient is status post left lateral elbow and proximal forearm fasciotomy with extensor origin detachment, debridement and stripping of degenerative tissue, lateral epicondyle osteotomy and elbow arthrotomy on 10/23/14. The request is for PURCHASE COLD THERAPY WRAP. The RFA was not provided. Physical examination dated 12/09/14 reveals some soft tissue swelling around the left elbow, well healed surgical incisions, tenderness to palpation, decreased left hand grip strength, and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left elbow dated 08/13/14, significant findings include: "4-5mm focus of partial thickness intrasubstance tear involving the proximal insertion of the common extensor tendon... small joint effusion is present..." Patient is temporarily totally disabled. 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 -eg, 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." In regards to the request for the purchase of a cold therapy wrap, the treater has failed to specify why the purchase of a wrap for this patient to use personally is necessary. Typically, such components are included with the unit. Furthermore, it is not clear if said wrap is a component to be used with the associated Q-tech system or if it is a standalone re-freezable cold pack - as the request for the cold therapy system includes a wrap. Without a clearer discussion as to why such components are required or why purchase is necessary, the medical necessity cannot be substantiated. The request IS NOT medically necessary.

Compression Wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, under Compression Garments.

Decision rationale: The patient is a 52 year old female who presents with unrated left elbow pain and loss of range of motion following recent surgery, reports some improvement with physical therapy. The patient's date of injury is 02/11/14. Patient is status post left lateral elbow and proximal forearm fasciotomy with extensor origin detachment, debridement and stripping of degenerative tissue, lateral epicondyle osteotomy and elbow arthrotomy on 10/23/14. The request is for COMPRESSION WRAP. The RFA was not provided. Physical examination dated 12/09/14 reveals some soft tissue swelling around the left elbow, well healed surgical incisions,

tenderness to palpation, decreased left hand grip strength, and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left elbow dated 08/13/14, significant findings include: "4-5mm focus of partial thickness intrasubstance tear involving the proximal insertion of the common extensor tendon... small joint effusion is present..." Patient is temporarily totally disabled.ODG Guidelines, Elbow Chapter does not discuss compression therapy, though ODG Knee and Leg Chapter, under Compression Garments has the following: "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis High levels of compression produced by bandaging and strong compression stockings 30-40 mmHg are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema."In regards to the request for a compression wrap for the management of this patient's post-operative elbow edema, the request appears reasonable. Progress notes indicate that this patient has some persistent swelling in the elbow following surgery. Guidelines support compression therapy for the management of lymphadema and there is no evidence that this patient has received compression garments to date. Such therapies could feasibly reduce swelling and improve this patient's recovery. Therefore, the request IS medically necessary.

Lymphaderma Wrap: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, under Compression Garments.

Decision rationale: The patient is a 52 year old female who presents with unrated left elbow pain and loss of range of motion following recent surgery, reports some improvement with physical therapy. The patient's date of injury is 02/11/14. Patient is status post left lateral elbow and proximal forearm fasciotomy with extensor origin detachment, debridement and stripping of degenerative tissue, lateral epicondyle osteotomy and elbow arthrotomy on 10/23/14. The request is for LYMPHADEMA WRAP. The RFA was not provided. Physical examination dated 12/09/14 reveals some soft tissue swelling around the left elbow, well healed surgical incisions, tenderness to palpation, decreased left hand grip strength, and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left elbow dated 08/13/14, significant findings include: "4-5mm focus of partial thickness intrasubstance tear involving the proximal insertion of the common extensor tendon... small joint effusion is present..." Patient is temporarily totally disabled.ODG Guidelines, Elbow Chapter does not discuss compression therapy, though ODG Knee and Leg Chapter, under Compression Garments has the following: "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how

long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. High levels of compression produced by bandaging and strong compression stockings 30-40 mmHg are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema."In regards to the request for a compression wrap for the management of this patient's post-operative elbow edema, the request appears reasonable. Progress notes indicate that this patient has some persistent swelling in the elbow following surgery. Guidelines support compression therapy for the management of lymphedema and there is no evidence that this patient has received compression garments to date. Such therapies could feasibly reduce swelling and improve this patient's recovery. Therefore, the request IS medically necessary.