

<b>Case Number:</b>	CM15-0130217		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 was a 48-year-old male, who sustained an industrial injury, July 29, 2014. The injury was sustained when the injured worker picked up a 10-pound rack and had a sudden onset of right elbow pain. The injured worker previously received the following treatments Diclofenac tablets and Topical ointment, Voltaren Gel, Pepcid, bilateral epicondylar bracing, anti-inflammatory medications, acupuncture and cortisone injection. The injured worker was diagnosed with right elbow lateral epicondylitis and right elbow distal biceps tendinitis. According to progress note of May 5, 2015, the injured worker's chief complaint was right elbow pain. The injured worker was right hand dominate. The injured worker rated the pain at 8 out of 10. The pain was frequent, bothersome and progressive. The injured worker had a sense of swelling and weakness. Rest did provide relief. The physical exam noted tenderness with palpation over the lateral epicondyle. The elbow range of motion was not restricted. There was tenderness over the radial head as it was put through range of motion. Flexion and extension of the digits of the hand caused no pain referred to the elbow. The motor strength of the right arm was 5 out of 5. The sensation to light touch was intact to the right upper extremity. The injured worker's pain had not improved after several conservative treatments. The treatment plan included a cold compression unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression unit (unspecified): 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 Official Disability Guidelines (ODG) Shoulder section, Cold/heat packs, Shoulder section, Continuous flow cryotherapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cold compression unit (unspecified) is not medically necessary. Cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. 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 activities. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are right elbow lateral epicondylitis; and right elbow distal biceps tendinitis. Date of injury is July 29, 2014. Request authorization is dated June 4, 2015. According to an April 14, 2015 progress note, the treating provider requested an open right epicondylar treatment. The injured worker had right epicondylitis with unsuccessful treatment including medications, physical therapy, acupuncture, etc. According to a May 5, 2015 progress note, the treating provider notes the injured worker is ambivalent about undergoing further treatment. The worker is uncertain about surgery to the affected elbow. The injured worker is deemed permanent and stationary. Additionally, there is no discussion, clinical indication or rationale for a cold compression unit. Consequently, absent clinical documentation with a discussion, clinical indication and/or rationale for a cold compression unit, cold compression unit (unspecified) is not medically necessary.