

<b>Case Number:</b>	CM15-0137908		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 35 year old female who sustained an industrial injury on 12/03/2013 while pulling and fitting upholstery to a chair. The injured worker was diagnosed with bilateral elbow epicondylitis. Treatment to date has included diagnostic testing, physical therapy (approximately 20 sessions), ice/heat, steroid injections and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience right elbow pain associated with numbness and tingling in the 2nd, 3rd and 4th digits of the right hand. The injured worker rates her pain level at 8/10. Examination of the right elbow demonstrated tenderness to palpation over the lateral epicondyle with painful range of motion. No instability was noted and special testing performed was negative. Motor strength, sensation, deep tendon reflexes and pulses were intact. Current medications are listed as Naproxen, Ibuprofen and Prilosec. The injured worker is authorized for right lateral epicondyle release. Treatment plan consists of surgical intervention, physical therapy (12 sessions) post operatively and the current request for cold compression therapy for 3 weeks for post-op pain and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression therapy x3 weeks (for post-op pain and swelling): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.magonlinelibrary.com/doi/abs/10.12968/ijtr.2012.19.11.641>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation ODG: Section: Elbow: Topic: cold packs, Section: Knee, Topic: Cold compression, continuous flow cryotherapy; Section: Shoulder, Topic: Continuous flow cryotherapy, cold compression.

**Decision rationale:** California MTUS guidelines recommend cold packs for the elbow but are silent on the issue of cold compression. ODG guidelines recommend continuous-flow cryotherapy for the shoulder and knee after arthroscopic surgery for 7 days. ODG guidelines indicate that there are no published high-quality studies on the combined system of continuous-flow cryotherapy and compression. As such, cold compression is not recommended. ODG guidelines also do not recommend continuous-flow cryotherapy for the elbow. However, cold packs are recommended. As such, the request for cold compression device for 3 weeks rental after elbow surgery is not supported and the medical necessity of the request has not been substantiated. This request is not medically necessary.