

<b>Case Number:</b>	CM15-0138506		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/16/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic hand, wrist, finger, and elbow pain reportedly associated with an industrial injury of March 19, 2013. In a utilization review report dated June 16, 2015, the claims administrator failed to approve a request for hot and cold pack and a DVT calf wrap. The claims administrator noted that these articles had been dispensed on April 14, 2015. The claims administrator noted that the applicant had undergone an ulnar nerve transposition, medial epicondylectomy, and forearm fasciotomy on that date. The applicant's attorney subsequently appealed. In an applicant questionnaire dated January 12, 2015, it was acknowledged that the applicant was not, in fact, working. On February 19, 2015, the applicant was described as having ongoing complaints of shoulder, elbow, and wrist pain with associated paresthesias. The applicant was on Norco and Pamelor. The applicant was reportedly pending a carpal tunnel release surgery, it was reported. Multiple medications were renewed. On April 14, 2015, the applicant underwent a right ulnar nerve anterior muscular transposition, medial epicondylectomy, and forearm fasciotomy procedure. On April 21, 2015, the applicant was described as doing well status post the cubital tunnel release procedure. The applicant was on Norco and Tramadol for pain relief. The applicant was asked to continue the same. Postoperative physical therapy and analgesic medications were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Post op Hot/cold pack (days) QTY: 30 dispensed 4/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Elbow Disorders, pg. 443.

**Decision rationale:** No, the request for a retrospective hot and cold pack for 30-day use beginning on April 14, 2015 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 3, page 25 does recommend at home local applications of heat and cold as methods of symptom control for applicants with elbow pain complaints, as were/are present here, the MTUS Guideline in ACOEM Chapter 10 does not, by analogy, support high-tech devices for delivering heat therapy and/or cryotherapy, as was sought here. The Third Edition ACOEM Guidelines' Elbow Chapter also notes that self- applications of heat and cold are recommended, even in postoperative elbow pain patients. The attending provider, thus, failed to furnish any kind of rationale for provision of this particular device in the face of the ACOEM position(s) as supporting at home local applications of heat and cold in favor of the high-tech wrap device at issue here. The device in question was not mentioned on either preoperative visit of April 8, 2015 or on a postoperative visit of April 21, 2015. The attending provider, in short, failed to furnish any commentary which would augment the request and/or which would offset the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.

**Retrospective Post op DVT Calf Wrap (days) QTY: 30 dispensed 4/14/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VTE Guidelines for Shoulder and Elbow Surgery, British Elbow and Shoulder Society (BESS)  
[http://www.bess.org.uk/media/VTE\\_Guidelines\\_updated\\_Feb\\_2013.doc](http://www.bess.org.uk/media/VTE_Guidelines_updated_Feb_2013.doc)

**Decision rationale:** Similarly, the request for a postoperative DVT wrap device was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the British Elbow and Shoulder Society (BESS) Venous Thromboembolism Guidelines note that the risk of DVT prophylaxis following an ulnar nerve release and/or transposition procedure, as transpired here, is "very low." The BESS states that applicants undergoing day surgery, as seemingly transpired here, should only receive DVT prophylaxis until return to normal mobility. Here, the applicant was described on a postoperative office visit of April 21, 2015 as "doing okay." It appeared, thus, the applicant was ambulatory as of that date. It was not clear why a 30-day DVT prophylaxis device was sought in the face of (a) the applicant's having undergone a relatively minor elbow ulnar nerve transposition procedure for which the risk of DVT development is "very low," per BESS, and (b) in the face of the applicant's having undergone a day surgery which did not seemingly result in protracted immobilization. Therefore, the request was not medically necessary.