

Case Number:	CM15-0161143		
Date Assigned:	08/28/2015	Date of Injury:	04/18/2014
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: Illinois, California, Texas
 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:

This injured worker is a 51-year-old female who sustained an industrial injury on 4/18/14. Injury occurred when she lifted a heavy dog from the floor onto a table and felt a pop in her wrist. Past medical history was positive for hypertension and elevated cholesterol. Body mass index was 40.1 and she was a current one-pack per day smoker. Conservative treatment included forearm strap, icing, modified duty, rest, physical therapy, exercise, elbow injection, and medications. The 7/23/15 treating physician report, persistent right elbow pain status post right elbow injection. Right elbow exam documented range of motion 0-135 degrees, and supination / pronation of 90 degrees. There was lateral epicondyle tenderness. The diagnosis was right elbow tendonitis and medial and lateral epicondylitis. Authorization was requested for right elbow lateral epicondylitis debridement with preoperative medical clearance, post-op physical therapy 2x4, post-operative cold therapy unit rental for 21 days, and deep vein thrombosis (DVT) prophylactic compression cuffs for one day. The 8/17/15 utilization review certified the request for right lateral epicondylar surgery, pre-operative medical clearance and post-operative physical therapy. The request for a post-operative cold therapy unit rental for 21 days was non-certified as icing can be completed for more conservative and traditional methods. The request for upper extremity DVT prophylactic compression cuffs was denied as upper extremity deep vein thrombosis precautions were not indicated for elbow procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy unit for 21 days rental: 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), Elbow, Cold packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Cold packs; Shoulder: Continuous flow cryotherapy.

Decision rationale: The California MTUS Elbow guidelines recommend at home applications of cold packs but stat that only one quality study was available on cryotherapy and benefits had not been shown. The Official Disability Guidelines recommend at home applications of cold packs for elbow complaints. Generally, the ODG recommends the use of cold therapy units limited to 7 days use following upper extremity surgery. There is no compelling rationale presented to support 21 days use of a cold therapy unit following right elbow surgery in the absence of guideline support, and over standard cold packs. Therefore, this request is not medically necessary.

Associated surgical services: DVT Prophylactic compression cuffs, for 1 day: 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, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Compression garments.

Decision rationale: The California MTUS guidelines do not provide recommendations for compression garments. The Official Disability Guidelines state that deep vein thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis / pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Guideline criteria have been met. This injured worker presents with post-operative risk factors for deep vein thrombosis including smoking and obesity. The one-day use of compression cuffs seems reasonable. Therefore, this request is medically necessary.