

Case Number:	CM15-0196369		
Date Assigned:	10/12/2015	Date of Injury:	01/06/2011
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 1-6-2011. A review of medical records indicates the injured worker is being treated for right elbow pain, right lateral epicondylitis with tendinosis mobile wad of three, and clicking. Medical records dated 8- 19-2015 noted popping and clicking in his right elbow and pain. Physical examination of the right elbow revealed range of motion from 0-135 degrees with mechanical symptoms and popping. He had pain and tenderness to direct palpation over the lateral epicondyle and with resisted wrist extension. Treatment has included surgery on 7-13-2012. MRI of the right elbow dated 7-27-2015 revealed some dephasing artifacts over the lateral epicondyle from his tendon repair. There is no evidence of collateral ligament rupture of intra articular loose body. Utilization review form dated 9-18-2015 noncertified intermittent pneumatic compression cold therapy unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Pneumatic Compression cold therapy unit rental (days) qty 28.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand, Vasopneumatic device.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter and pg 10shoulder chapter and pg 10.

Decision rationale: According to the guidelines, cold therapy is indicated in the 1st few days after injury. The shoulder guidelines mention cold cryotherapy for 7 days after surgery. In this case, the claimant underwent right elbow surgery. Although cold compression may be beneficial, the request for 28 days use exceeds the guideline recommendations. Extended use was not justified and is not medically necessary.