

<b>Case Number:</b>	CM15-0200360		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 52-year-old male, who sustained an industrial injury on 4-23-2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for right elbow heterotopic ossification. Medical records (6-11-2015 and 8-24-2015) indicate ongoing right elbow pain. The physical exam (6-11-2015) reveals range of motion of 0-140, supination of 20 degrees, and pronation of 30 degrees. The physical exam (8-24-2015) reveals range of motion of 15-130, supinates 0, and pronates 0. There is mild tenderness over the epicondyle. On 6-29-2015, a CT scan of the right elbow revealed ectopic bone adjacent to the proximal radius, proximal ulna, and lateral humeral epicondyle. Per the treating physician (8-24-2015 report), radiographs of the elbow revealed some calcification of the laterally, a small osteophyte from the ulnar, and a large amount of ectopic bone off the radius. On 8-24-2015, rays of the right elbow revealed a large amount of ectopic bone off the radius. Surgeries to date have included a hemiresection arthroplasty of the right distal radioulnar joint and stabilization of distal ulna. Treatment has included exercises, stretching, and Gabapentin. Per the treating physician (9-9-2015 report), the employee has not returned to work. The treatment plan included a resection of the heterotopic ossification of the right elbow. On 9-23-2015, the requested treatments included associated surgical services: a VascuTherm cold therapy unit x 14 days rental and Oxycontin 10mg. On 10-1-2015, the original utilization review non-certified requests for a VascuTherm cold therapy unit (14-day rental) and Oxycontin 10mg #28.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **VascuTherm cold therapy unit (14-day 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines indicate continuous flow cryotherapy as an option after shoulder and knee surgery but not for the elbow. As such, the request for the 14-day rental of cold therapy unit for elbow surgery is not recommended and the medical necessity of the request has not been substantiated.

### **Oxycontin 10mg #28: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** With regard to the request for Oxycontin 10mg #28, it is noted that the injured worker has been certified for a prescription for Percocet #60 after surgery. The use of a long acting opioid in addition to the oxycodone is not indicated by guidelines. As such, the request for Oxycontin is not supported and the medical necessity of the request has not been substantiated.