

<b>Case Number:</b>	CM15-0202692		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 40 year old female, who sustained an industrial injury on 12-7-2013. The injured worker is undergoing treatment for pain in joint upper arm, elbow. Medical records dated 4-27-2015 left elbow pain and 6-12-2015 indicate the injured worker complains of left elbow increased pain rated 6-7 out of 10. She reports the elbow catches and locks. Physical exam dated 6-12-2015 notes crepitus and catching. Treatment to date has included medication, left elbow arthroplasty and physical therapy. The original utilization review dated 9-29-2015 indicates the request for retrospective compression therapy pad is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Compression Therapy Pad: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Forearm, Wrist & Hand, Vasopneumatic devices, Lymphedema pumps; Knee & Leg, Continuous-flow cryotherapy, 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) [http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, retrospective compression therapy pad is not medically necessary. The ACOEM states patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist. The vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been a sucker after. Aetna considers passive hot and cold therapy medically necessary. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured worker's working diagnosis is pain in joint upper arm, elbow. Date of injury is December 7, 2013. Request for authorization is August 10, 2015. A progress note dated June 12, 2015 and August 24, 2015 were reviewed. The injured worker underwent a graft of the OCD, left elbow, status post arthroscopy. Objectively, the wound looks good and range of motion was 60. There was no clinical discussion, indication or rationale for a compression therapy pad. The request for authorization contained a request for vascutherm and a compression pad. However, there is no clinical indication or rationale in the medical record for the compression therapy pad. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the clinical indication or rationale for compression therapy pad and guideline non-recommendations for mechanical circulating units with pumps (Aetna clinical policy bulletin), retrospective compression therapy pad is not medically necessary.