

Case Number:	CM15-0209267		
Date Assigned:	10/28/2015	Date of Injury:	11/10/2009
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 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 female with an industrial injury dated 11-10-2009. A review of the medical records indicates that the injured worker is undergoing treatment bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral shoulder strain, tendinitis, impingement, bursitis, cervical spine trap sprain and strain with right upper extremity, lumbar spine sprain and strain with left upper extremity radiculopathy. According to the progress note dated 09-22-2015, the injured worker reported mild swelling, bruising and increased pain. The injured worker would like to proceed with surgery. Objective findings (09-22-2015) revealed right elbow flexion of 120 degrees, 0 degrees extension, supination to 75 degrees, and pronation to 75 degrees, positive Cozen's, and tenderness to palpitation. PR2 (04-08-2015 and 07-09-2015) objective and subjective findings are difficult to decipher. Magnetic Resonance Imaging (MRI) of right upper extremity on 05-30-2015 revealed moderate grade partial thickness intrasubstance tear of the common extensor tendon at the humeral attachment on a background of tendinosis and high grade partial tear of the radial collateral ligament at the humeral attachment. Treatment has included diagnostic studies, prescribed medications, chiropractic treatment for lumbar spine with mild improvement and periodic follow up visits. The treatment plan included right elbow surgery, medication management and continuation of chiropractic care. The utilization review dated 10-13-2015, modified the request for post-operative physical therapy x6 (original: 2 times a week for 4 weeks) and associated surgical service: cold therapy unit rental for seven days (original: for purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit purchase: 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), Shoulder, Continuous-flow cryotherapy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is for not medically necessary.

Post-operative physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 states that 12 visits over 12 weeks. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for not medically necessary.