

Case Number:	CM15-0053012		
Date Assigned:	03/26/2015	Date of Injury:	12/31/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey

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 37-year-old female, who sustained an industrial injury on 12/31/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lateral epicondylitis elbow. Treatment to date has included medication regimen, magnetic resonance imaging of the right elbow, physical therapy, and multiple injections. In a progress note dated 12/16/2014 the treating provider reports complaints of new onset of numbness to the index, middle, and ring finger that are worse with flexion of the elbow and better with extension of the elbow. The injured worker also reports a symptomatic left elbow along with pain and swelling to the right arm and hand. The treating physician requested a one-week rental of Polar Care Cold Therapy Unit status post Tenex percutaneous tenotomy to assist with decreasing pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative use of polar care cold therapy unit rental for 7 days for the right elbow:

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), Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder section, Cold Packs and Continuous-flow Cryotherapy and Knee and Leg section, Continuous-flow Cryotherapy and Cold/Heat Packs.

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump for post-surgical use. The ODG, however, states that continuous-flow cryotherapy is recommended as an option after shoulder or knee surgery up to 7 days, but not for nonsurgical treatment or other surgeries at this time. In the case of this worker, there was a recommendation by her provider to have right elbow surgery, however there was insufficient criteria met for this surgery, based on the documentation provided and therefore, the post-operative care, including any cryotherapy unit rental would be medically unnecessary. The treatment is not medically necessary.