

Case Number:	CM15-0053557		
Date Assigned:	03/27/2015	Date of Injury:	06/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
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: Ohio, North Carolina, Virginia
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:

This 43-year-old female sustained an industrial injury on 6/11/14. She subsequently reported bilateral elbow pain. Diagnostic testing has included x-rays. Diagnoses include bilateral elbow sprain/strain, right elbow contusion and epicondylitis. Treatments to date have included modified work duties, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Hold/Cold pack wrap purchase was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hold/Cold pack wrap purchase: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

Decision rationale: Heat or Cold Packs. One study of intermediate quality of subacute and chronic lateral epicondylalgia patients was reviewed. It included 40 patients with symptoms for

at least 4 weeks (duration of symptoms was approximately 4 months in the group studied). The study provided evidence that the application of ice following exercise does not improve pain relief over exercise alone. Only one quality study is available on cryotherapy and none on heat. Benefits have not been shown. These options are low cost (as at-home applications), have few side effects, and are not invasive. Thus, while there is insufficient evidence, at-home applications of heat or cold packs are recommended. In this instance, the injured worker continues to have lateral epicondyle pain 7 or more months since the injury. She has made use of physical therapy, muscle relaxants, and NSAIDs. She continues to have limited elbow flexion bilaterally. While heat/cold therapy is not strongly supported by the literature for epicondylar pain, it is recommended because it is non-invasive. Therefore, a hot/cold wrap for purchase is medically necessary.