MAXIMUS Federal Services

Case Number:	CM15-0086521		
Date Assigned:	05/08/2015	Date of Injury:	12/29/2014
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male who sustained an industrial injury on 12/29/2014 when he fell approximately 4-5 feet off a ladder onto his left elbow. Multiple X-rays were performed in the emergency room. The injured worker was diagnosed with fracture of coronoid process of the ulna. The injured worker is status post left elbow arthroscopy with debridement; removal of loose body and capsular release on April 8, 2015. Treatment to date includes conservative measures, immobilization, diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience limited flexion and stiffness. Examination noted well healing portals and sutures were removed. There was mild periarticular swelling and mild tenderness to palpation at the medial and lateral portal sites. Active range of motion was 10 degrees short of full extension to 95 degrees of flexion. Supination, pronation, wrist flexion and extension strength were intact. There was good distal sensation in the fingertips. There was no instability of the ulnohumeral joint on radiography. The anterior fragment of the coronoid was noted in stable position in all views. Current medications were not listed. Treatment plan consists of continuing with home exercise program and the current request for the purchase of Kodiak combo unit (cold therapy unit and single patient use pad).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase kodiak combo unit (cold therapy unit and single patient use pad): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The patient was injured on 12/29/14 and presents with left elbow pain. The request is for a Purchase of Kodiak Combo Unit (Cold Therapy Unit And Single Patient Use Pad). The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is not currently working. On 04/08/15, he had a left elbow arthroscopy, debridement, synovectomy, and capsular release with loose intra-articular fragment debridement. The report with the request is not provided. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter under continuous flow cryotherapy states: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In a postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. The patient is diagnosed with coronoid fracture- closed, joint pain-up/arm, and arthropathy nec. He has limited flexion, stiffness, and mild periarticular swelling and mild tenderness to palpation at the medial and lateral portal sites. In this case, the patient underwent a left elbow arthroscopy, debridement, synovectomy, and capsular release with loose intra-articular fragment debridement on 04/08/15. Review of the reports provided does not indicate when the treater asked for this request, nor has the treater indicated that this unit is to be used postoperatively for 7 days, as recommended by ODG guidelines. Due to lack of provided information, the requested purchase of the Kodiak combo unit is not medically necessary.