

Case Number:	CM14-0144673		
Date Assigned:	09/12/2014	Date of Injury:	07/10/2012
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 07/10/2012 due to an unknown mechanism. Diagnoses were medical epicondylitis and lateral epicondylitis. Past treatments were physical therapy, a Toradol injection, cortisone injections to the right elbow, and a brace. X-rays of the right elbow 08/15/2012 were normal. There was no examination reported. Treatment plan was for [REDACTED] heating system. The injured worker has been instructed to use the device 3 to 4 times a day in 30 minute intervals. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: [REDACTED] Heating System-Purchase (Item dispensed on 04/07/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment

Decision rationale: The decision for retro [REDACTED] heating system purchase (item dispensed on 04/17/2014) is not medically necessary. The California ACOEM states cryotherapies 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 cold packs are recommended. The Official Disability Guidelines state durable medical equipment is defined as equipment which can stand repeated use (i.e., could normally be rented and used by successive injured workers), should be primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in an injured worker's home. Functional improvement was not reported for the injured worker from the use of a [REDACTED] Heating Unit. The clinical information submitted for review does not provide evidence to justify the certification for [REDACTED] heating system purchase. Therefore, this request is not medically necessary.