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| <b>Case Number:</b>   | CM14-0176467 |                              |            |
| <b>Date Assigned:</b> | 10/29/2014   | <b>Date of Injury:</b>       | 06/01/2011 |
| <b>Decision Date:</b> | 12/05/2014   | <b>UR Denial Date:</b>       | 10/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/24/2014 |

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 38 year old male with a history of left elbow injury from pulling on a hose on 6/01/2011. The worker has been treated in the past with physical therapy and corticosteroid injections but no recent treatment is documented. An MRI scan of the elbow was performed on 6/28/2014 and revealed a full thickness tear of the common extensor tendon. There was an effusion also present. The disputed issue pertains to a request for a cold therapy unit for the left elbow, status post left elbow surgery as an out-patient. The request does not state if this is a rental or purchase and if rental, it does not specify the length of the rental. Furthermore, the documentation does not include authorization for elbow surgery. If surgery has been performed, it does not include a description of the surgical procedure or the operative findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for the left elbow, s/p left elbow surgery, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, and Section: Shoulder, Topic: Continuous flow cryotherapy; Section; Elbow: Topic; cold packs.

**Decision rationale:** Although cold packs are recommended for the elbow, California MTUS does not address post-operative use of cryotherapy for the elbow. ODG guidelines recommend post-operative continuous flow cryotherapy for the knee and shoulder for 7 days but not for the elbow. The request as stated does not specify rental or purchase and does not specify the time period. Therefore the request as stated is not medically necessary.