

Case Number:	CM14-0213616		
Date Assigned:	12/31/2014	Date of Injury:	03/14/2014
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/21/2014

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. 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: Orthopedic Surgery

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 is a 52-year-old female with a 3/14/14 date of injury. The injury was a result of compensatory repetitive overuse. According to a progress report dated 11/13/14, the patient had cortisone injections to the right carpal tunnel on 9/12/14 with 60% improvement. She complained of right medial epicondyle pain and right waist pain with numbness and tingling. The provider has requested a cold therapy unit for use post right carpal tunnel release and a diagnostic ultrasound study of the right elbow to assess for medial and lateral epicondylitis. Objective findings: tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon; crepitus is present; cross arm test and impingement test are positive; limited range of motion of right shoulder; tenderness to palpation over the medial epicondyle of right elbow; tenderness to palpation present over the flexor tendon of right wrist. Diagnostic impression: right shoulder periscapular strain/impingement/partial rotator cuff tear; right forearm/wrist tenosynovitis and carpal tunnel syndrome; right elbow medial/lateral epicondylitis and dynamic cubital tunnel syndrome. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 12/2/14 denied the requests for cold therapy unit purchase and diagnostic ultrasound study right elbow. Regarding cold therapy unit, the use of external cold applications should suffice for the short post-operative period in which cold applications are used following CTR. Regarding diagnostic ultrasound of right elbow, the rationale for this study has not been provided. The patient's most significant signs and symptoms are clearly attributable to medial epicondylitis on a clinical basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - Cryotherapy. Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold (http://www.aetna.com/cpb/medical/data/200_299/0297.html).

Decision rationale: California MTUS and Official Disability Guidelines (ODG) do not address this issue. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, in the present case, there is no indication as to why this patient would not benefit from local applications of hot and cold packs as opposed to a cold cryotherapy unit. In addition, the duration of care for the cold unit requested was not specified. Therefore, the request for cold therapy unit purchase was not medically necessary.

Diagnostic Ultrasound Study Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS does not address this issue. According to Official Disability Guidelines (ODG), diagnostic ultrasounds are recommended as indicated: 1) chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic; 2) chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. In the present case, it is noted that the provider has requested a diagnostic ultrasound study of the right elbow to assess for medial and lateral epicondylitis. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. In addition, there is no documentation of prior plain films. Furthermore, there is no documentation regarding

failure of conservative measures of treatment. Therefore, the request for diagnostic ultrasound study right elbow was not medically necessary.