

Case Number:	CM15-0176854		
Date Assigned:	09/17/2015	Date of Injury:	03/27/2011
Decision Date:	10/27/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/08/2015

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 57 year old female, who sustained an industrial injury on March 27, 2011. On March 25, 2015, the injured worker received a follow-up examination of her bilateral wrists. She reported that her pain remained the same since her last office visit. The injured worker complained of moderate pain in her bilateral shoulders, left greater than right. X-rays were taken of her bilateral elbows and bilateral forearm which revealed a mild increase in soft tissue swelling. An evaluation on May 6, 2015 revealed the injured worker reported numbness and tingling of the ring and little fingers of her right hand. She had a positive Tinel's sign at the right elbow, consistent with cubital tunnel syndrome. She had decreased light touch sensation of the ring and little fingers of the right hand with weakness to abduction of the little finger. X-rays of the right elbow and forearm were documented as revealing no progression of degenerative changes. The injured worker was diagnosed as having a lesion of the ulnar nerve. Treatment to date has included pain management evaluations, physical therapy, and imaging of the right elbow. She reported that she greatly benefits from physical therapy. A request for authorization for the purchase of a cold therapy unit for the right elbow was received on July 21, 2015. On July 30, 2015, the Utilization Review physician determined cold therapy unit for purchase for the right elbow was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase (for the right elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Shoulder (acute & chronic) Chapter under Continuous-flow cryotherapy.

Decision rationale: The 57 year old patient complains of increasing numbness and tingling of the ring and little fingers of the right hand along with a positive Tinel's sign at the right elbow consistent with cubital tunnel syndrome, as per progress report dated 05/06/15. The request is for cold therapy unit for purchase (for the right elbow). There is no RFA for this case, and the patient's date of injury is 03/27/11. Diagnoses, as per progress report dated 03/25/15, included carpal tunnel syndrome, lesion of ulnar nerve, and rotator cuff sprain. Medications included Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, and topical compounded creams. Diagnoses, as per progress report dated 02/12/15, included carpal tunnel syndrome, pain in forearm joint, pain in shoulder joint, and other specified disorders of bursae and tendon in the shoulder region. The patient also has cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and bilateral knee internal derangement, as per progress report dated 02/10/15. The patient is off work, as per progress report dated 03/25/15. ODG guidelines, Shoulder (acute & chronic) chapter under 'Continuous-flow cryotherapy', states the following: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. In this case, none of the progress reports available for review discuss the request. As per progress report dated 05/06/15, the treater is seeking authorization for cubital tunnel release of the ulnar nerve of the right elbow. The request for cold therapy unit may be related to this surgical intervention. It is, however, not clear if this procedure has been authorized or not. Furthermore, while cold therapy units can help manage pain and inflammation after surgery, ODG only recommends the use of this machine during the acute phase may be up to 7 days. Hence, purchase of the unit for long-term use IS NOT medically necessary.