

## Independent Medical Review Final Determination Letter

1096

Dated: 12/20/2013

<b>IMR Case Number:</b>	CM13-0018501	<b>Date of Injury:</b>	01/29/2013
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
MOTORIZED COLD THERAPY UNIT - PURCHASE E0218 COLD THERAPY PAD, STERILE - PURCHASE E1399 COLD THERAPY PADS-PURCHASE E1399			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58-year-old man. His underlying date of injury is 01/29/2013 with a mechanism of injury that he fell about 3 feet onto asphalt. The patient's diagnoses include a rupture of the common flexor tendon at the medial epicondyle and a tear at the origin of the common extensor tendon from the lateral condyle and also a torn radial collateral ligament and a torn ulnar collateral ligament.

An initial denial in this case noted that the patient was seen in physician followup 07/23/2013 and was doing well, and his healed wounds looked good. The initial reviewer indicated that cryotherapy is low cost, has few side effects, and is not invasive, and that a cold therapy pad/motorized cold therapy unit should be certified but that there was no indication to continue with a sterile cold therapy pad.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Purchase of a cold therapy pad is not medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, 2008, Elbow Disorders, page 596, which is not part of the MTUS, and the ODG, Elbow, cold packs, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 3) page 48, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines Chapter 3/Treatment, page 48, states, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and greater exercise." The treatment guidelines therefore recommend thermal modalities on a short-term basis but not on a chronic basis. Moreover, the guidelines do not indicate a requirement for durable medical equipment in order to achieve the use of cold modalities, and therefore the guidelines would not support the use of a motorized therapy unit. For these reasons, the request at this time for a cold therapy unit is not medically indicated. **The request for a purchase of a cold therapy pad is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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