

<b>Case Number:</b>	CM14-0063679		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female who sustained an industrial injury on October 15, 2009. The first report of illness report dated October 19, 2009 reported subjective complaint of left forearm pain. Treatment rendered consisted of: splint fitted and applied; dispensed Diclofenac XR, Omeprazole DR, Thermophore hot pack, hot and cold pack, Banalg lotion with instruction; physical therapy session; return to modified work duty. Thereafter, treatment trialed consisted of: Voltaren gel and Prilosec, Ultracet, physical therapy session, acupuncture care, modified activity, splinting, Methylprednisone, Amitriptyline, Polar Frost gel, injections last being December 05, 2013. The following diagnoses were applied: left elbow pain; left elbow lateral epicondylitis, and left upper extremity overuse syndrome. Primary follow up visit dated March 27, 2014 reported the plan of care with recommendation for surgical intervention; pre-operative evaluation; post-operative physical therapy; post-operative durable medical equipment of a cold unit for two weeks duration and continue working a modified work duty. The medication list include: Voltaren gel and Prilosec, Ultracet, Methylprednisone, Amitriptyline, Polar Frost gel. The patient sustained the injury when she was pulling boxes. Surgical or procedure note related to this injury was not specified in the records provided. Evidence of authorization of surgery of left elbow was not specified in the records specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 week rental post-operative Cold Therapy Unit for left 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-Treatment for Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Heat/cold applications Shoulder (updated 09/08/15) Continuous-flow cryotherapy.

**Decision rationale:** Per the cited guidelines "Patients" at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Rationale for not using simple hot/cold packs versus the use of this DME is not specified in the records provided. Per the cited guidelines, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications." As per cited guideline, "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment." Evidence of authorization of surgery of left elbow was not specified in the records provided. Surgery or procedures related to this injury were not specified in the records provided. An operative note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for 2-week rental post-operative Cold Therapy Unit for left elbow is not medically necessary for this patient.