

Case Number:	CM13-0014792		
Date Assigned:	06/06/2014	Date of Injury:	06/27/2011
Decision Date:	07/25/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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 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 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 claimant is a 30-year-old gentleman who sustained an injury on 06/27/11. The current request in this case is for a polar care device for seven days. The Utilization Review dated 08/01/13 recommended the shoulder arthroscopy, subacromial decompression, debridement and synovectomy. The request for the postoperative use of the polar care device is in conjunction with the above surgical recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE DEVICE FOR 7 DAYS (RENTAL OR PURCHASE): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for use of a polar care device for seven days would be supported. This individual is to undergo a right shoulder arthroscopy, subacromial decompression and debridement. ACOEM Guidelines recommend cold applications at home for comfort. The ODG Guidelines recommend the use of cryotherapy in the postoperative setting for up to seven days including home use. Therefore, the request for use of a polar care unit for seven days would be supported by guidelines therefore is medically necessary.