

Case Number:	CM13-0043140		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2010
Decision Date:	02/11/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine, and is licensed to practice in Virginia and Washington DC. 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. 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:

Patient is a 52 year old man who had his initial injury on March 27 2010 when he was in an MVA and developed bilateral shoulder pain as a result, in addition to left knee pain. Patient saw orthopedics, [REDACTED], on Jan 2 2013 for a pre-op eval, and left shoulder arthroscopy for subacromial decompression. He was given Keflex for prophylaxis and Percocet 10/325 for pain. He had left shoulder arthroscopy on Jan. 8 2013. He was again seen by [REDACTED] on Jan 10 2013 for post op care. He was instructed physical therapy as well as given Phenergan 25mg q6h .He was also seen by [REDACTED] on Jan 18 2013 for follow up and was instructed to continue physical therapy. On Jan 29 2013, [REDACTED] saw patient for shoulder swelling and gave patient Percocet 10/325mg . On Feb 14 2013 patient complained for increasing left shoulder pain to [REDACTED]. [REDACTED] He was sent for MRI after x-rays of shoulder had not been revealing and continued on Percocet. MRI of the shoulder revealed rotator cuff tendinosis on Feb 20 2013. On Feb. 27 2013, [REDACTED] again saw patient for follow up; he report left arm pain burning, and numbness. He was send to [REDACTED] for EMG for evaluation of cervical radiculopathy and given Anaprox, Prilosec, hydrocodone, Desyrel. EMG found patient to have left carpal tunnel syndrome but no radiculopathy. On March 18 2013, patient saw [REDACTED] for ongoing left shoulder pain issues. He was diagnosis with left shoulder rotator cuff impingement and synovitis. He was given Percocet 10/325 and Desyrel 50mg. On April 17 2013, [REDACTED] saw patient for ongoing pain in the shoulder. He was found to with left shoulder rotator cuff impingement and grade 2/4 glenohumeral arthrosis. He had a prior shoulder injection but no relief of symptoms was noted. On May 15 2013, he had left shoulder pain which was improving and left knee pain. He was given Naprosyn, Prilosec, Desyrel and Percocet. Similar presentation on June 27 2013 was noted by [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit for left shoulder: 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) shoulder guidelines /chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder guidelines /chapter continuous flow cryotherapy chapter; and <http://www.ncbi.nlm.nih.gov/pubmed/17057590>

Decision rationale: Patient had ongoing pain issues in his left shoulder, neck and left knee. This was not resolved with surgical interventions and medical management as well as physical therapy. As per ODG guidelines, continuous flow cryotherapy can be used in post operative setting for up 7 days. Patient was in the process of discussing surgery but there is no clinical documentation which suggests why patient was started on a polar care unit or when it was started. This is not deemed medically indicated.