

Case Number:	CM13-0048016		
Date Assigned:	12/27/2013	Date of Injury:	12/11/2009
Decision Date:	02/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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. 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:

This patient is a 53-year-old female with a date of injury of 12/11/2009. This patient presents with daily pain in bilateral hands, left worse than right, 7/10 to 9/10 in intensity, has right foot pain and low back pain with difficulties engaging in regular activities. Listed diagnoses per [REDACTED] report on 10/29/2013 are MP joint arthrosis, right, status post interventional treatment with non-union, MP joint arthrosis on the left, foot lesion status post excision, element of sleep issues, weight gain issues. The patient is being scheduled for removal of screws on the right thumb and bone grafting from distal radius revision of the right thumb on 12/09/2013. The treating physician is requesting that the patient should receive medications with prescription and a sling and Polar Care at the second preop visit. A 12/02/2013 report by [REDACTED] states under treatment plan "She received Polar Care and sling today, which was prospectively requested and approved".

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Polar Care: 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 Section and Knee Section, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section and Knee Section, Continuous Flow Cryotherapy

Decision rationale: This patient was scheduled for right thumb surgery on 12/09/2013 for removal of the screws on the right thumb, bone grafting from distal radius and revision of the right thumb. The treating physician has prescribed "Polar Care" without identifying whether this is for rental home use and for how long. Searching the internet shows that Polar Care is a continuous flow cold therapy unit. It is an easy to use temperature control gauge that allows for flexibility and adjusting the temperature at 45 degrees and above, and this appears to have a motor, and therefore, this is a motorized continuous flow care. While MTUS and ACOEM Guidelines do not discuss continuous-flow cryotherapy, the ODG Guidelines for this unit under shoulder and knee chapters recommend postoperative use for 7 days rental only. Since the treating physician does not specify the duration of the rental of this equipment, authorization cannot be provided. Furthermore, the scheduled surgery is for thumb, and the Polar Care unit maybe more appropriate for larger joints. At home application of cold or cold packs may be more appropriate. Recommendation is for denial.