

<b>Case Number:</b>	CM13-0051391		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 and Rehabilitation, and is licensed to practice in New York and Texas. 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:

The patient is a 54-year-old who reported an injury on 08/11/2011. The mechanism of injury was noted to be that the patient was at a landfill dumping hazardous waste when the rear wheels of his trailer sunk into the ground, tilting to the left and throwing the patient to the left side of the cab, where he was noted to have sustained injury to the low back and shoulders. The patient was noted to have left shoulder arthroscopic surgery in 07/2012. On 11/11/2013, the patient was noted to undergo an arthroscopy, synovectomy, bursectomy, mild removal of anterior spur and capsulolysis with a blade following manipulation under anesthesia. The diagnosis was noted to be frozen shoulder status post labral repair. The request was made for Polar Care for a 21 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 21-day rental of a Polar Care unit:** 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)

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

**Decision rationale:** The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for 7 days postoperatively, including home use. The patient was noted to undergo shoulder surgery, however, there was a lack of documentation indicating the necessity for a 21 day rental. The request for a 21-day rental of a Polar Care unit is not medically necessary or appropriate.