

Case Number:	CM13-0052441		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2010
Decision Date:	03/17/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain associated with an industrial injury sustained on May 4, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, shoulder corticosteroid injections, and adjuvant medications. In a progress note dated October 15, 2013, the applicant presented with persistent shoulder pain, status post shoulder corticosteroid injection therapy. The applicant had a prior shoulder surgery in 2001. Limited, painful shoulder range of motion is noted. Analgesic medications, work restrictions, surgical remedy, and Polar Care 21-day rental were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

21-day rental of a Polar Care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS does not address the topic, so alternative guidelines were used. As noted in the Official Disability Guidelines, continuous flow cryotherapy is recommended for

up to seven days postoperatively. In this case, however, the attending provider sought postoperative continuous cooling device for up to 21 days postoperatively. This is not recommended, as the ODG notes that complications associated with protracted usage of continuous flow cryotherapy (frostbite, etc.) can be quite devastating. Therefore, the proposed 21-day Polar Care rental is not certified.

Pain catheter: 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)

Decision rationale: The MTUS does not address the topic, so alternative guidelines were used. As noted in the Official Disability Guidelines, postoperative pain catheters are not recommended following shoulder surgery. In this case, the attending provider has not proffered any applicant-specific rationale or narrative along with the request for authorization so as to try and offset the unfavorable guideline recommendation. There is no history, for instance, of issues with pain control which would help to make the case for a variance from the guidelines. Therefore, the request is not certified.