

<b>Case Number:</b>	CM14-0016373		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	07/05/2008
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 63-year-old gentleman who sustained an injury to the bilateral shoulders on July 5, 2008. The medical records provided for review pertaining to the claimant's left shoulder documented that he is scheduled to undergo a left total shoulder arthroplasty with a two day inpatient length of stay. There is one specific request in this case for purchase of a post-operative polar care unit in direct relation to the claimant's total shoulder arthroplasty. The remaining clinical records do not apply to this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF POST-OP 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. 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:** The Shoulder Complaints Chapter ACOEM Guidelines support the use of cryotherapies for treatment of shoulder pain. Looking to the Official Disability Guidelines, polar

care units are recommended for up to seven days including home use in the postoperative setting. At present there is no current indication for purchase of the device or use of the device beyond seven days of use. Therefore, the request for purchase of a post-operative polar care unit is not medically necessary and appropriate.