

Case Number:	CM14-0128021		
Date Assigned:	08/15/2014	Date of Injury:	12/08/2011
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine 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:

This injured worker's date of injury is 12/08/2011. Originally, the injury happened while closing a gate. The patient was treated with TENS, biofeedback, and bracing. This patient underwent a surgical repair of a torn rotator cuff of the right shoulder on 02/20/2014. The patient has had a distal clavicle excision as well. The patient's treating orthopedist has requested arthroscopic surgery of the right shoulder: lysis of adhesions and manipulation under anesthesia, followed by a post-op cold delivery system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Polar Care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:UpToDate, accessed online, postoperative care of the shoulder.

Decision rationale: The patient's treating orthopedist in the clinical note dated 07/10/2014 describes the patient's subjective complaints as neck pain and headaches, and impingement syndrome of the shoulders. On exam, both shoulders are stiff; there is "rigidity and tightness up

to 90 degrees." Other findings on physical exam such as complete evaluation of ROM, strength, presence of atrophy, motor and sensory exams are not documented. There is no documentation that shoulder surgery has been authorized. In addition, there was not a peer-reviewed article that supports a particular form of delivering cold to the shoulder area after surgery. The request for post-op Polar Care is not medically indicated.