

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0020835 |                              |            |
| <b>Date Assigned:</b> | 04/30/2014   | <b>Date of Injury:</b>       | 11/17/2012 |
| <b>Decision Date:</b> | 07/08/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2014 |

### 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 57-year-old man who injured the right upper extremity in a work related accident on November 1, 2009. The medical records for review pertaining to the claimant's right upper extremity, particularly the shoulder and the elbow, include a December 30, 2013 progress report noting chief complaints of left sided neck pain, low back pain, intermittent right elbow pain and shoulder discomfort. The recommendation at the visit was for a dual surgical process to include a right shoulder arthroscopy as well as right elbow cubital tunnel release and lateral epicondylectomy. While there were no physical examination findings documented in the December 30, 2013 report, looking back at the October 24, 2013 examination of the shoulder, restricted shoulder range of motion to 95 degrees of forward flexion, positive impingement and Hawkins testing were documented. Examination of the elbow revealed pain with resisted flexion and extension but no documentation of neurologic findings. The report of a July 28, 2010 electrodiagnostic study reported no abnormality. The report of an MRI of the shoulder dated August 29, 2013 identified acromioclavicular osteoarthritis and full thickness tearing of the supraspinatus tendon with retraction. There was no documentation of conservative care for the claimant's elbow and shoulder noted. This request is for a polar ice unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POLAR ICE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 201-205, 337-339.

**Decision rationale:** California ACOEM Guidelines currently would not support the role of a polar ice unit. In this individual, the surgery being requested for both the elbow and the shoulder cannot be recommended as medically necessary. Therefore, the request for a polar ice unit is not necessary.