

Case Number:	CM14-0023058		
Date Assigned:	05/12/2014	Date of Injury:	04/30/2012
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 30, 2012. In a January 8, 2014 progress note, the applicant was described as off of work. The applicant was receiving State Disability Insurance benefit, it was stated. The applicant had exhausted her Workers' Compensation benefits, it was stated. LidoPro cream, Zofran, and Flexeril were endorsed. An operative arthroscopy was also suggested. A 21 day rental of the Polar Care device was apparently concurrently sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE RENTAL FOR 21 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

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

Decision rationale: The MTUS does not address the topic of continuous flow cryotherapy postoperatively. As noted in the ODG Shoulder Chapter Continuous Flow Cryotherapy topic, continuous flow cryotherapy is recommended for up to seven days postoperatively. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ODG recommendation. It was not clearly stated why the applicant needed to use the continuous flow cryotherapy device for a total of 21 days postoperatively. Therefore, the request for polar care rental for 21 days is not medically necessary.