

Case Number:	CM14-0029456		
Date Assigned:	06/20/2014	Date of Injury:	03/17/2011
Decision Date:	11/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 37-year-old male who reported an injury on 03/17/2011. The mechanism of injury was due to pulling a bag at work and looked away, and when he did, he felt 3 pops in his left shoulder anteriorly. The injured worker has diagnoses of pain in joint of the shoulder region, carpal tunnel syndrome, injury of brachial plexus, lesion of radial nerve, lesion of ulnar nerve, and medial epicondylitis of the elbow. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consisted of Norco, Flexeril, naproxen, and Ambien. On 01/24/2014, the injured worker underwent left cubital tunnel release, left medial epicondylar release, and left carpal tunnel release. On 01/16/2014, the injured worker complained of left elbow and wrist pain. The physical examination revealed tenderness to palpation of the left elbow and left wrist. There was painful decreased left elbow range of motion in all directions. There was Tinel's left cubital tunnel syndrome, Tinel's left wrist pain, and left shoulder impingement, Neer's, and Hawkins signs. There were shoulder muscle spasms. Strength was 4+/5 in left grip and left interossei. The injured worker was alert and oriented times 3 with normal mood and affect. Hoffman's sign was absent bilaterally. The medical treatment plan was for the injured worker to have use of polar care rental for 21 days. The rationale and Request for Authorization form were not submitted for review.

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 Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The request for polar care-rental for 21 days is not medically necessary. According to ODG, Game Ready Accelerated Recovery Systems are recommended as an option after surgery but not for nonsurgical treatment. The Game Ready system combines continuous flow cryotherapy with the use of vasocompression. While there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device or any other combined system. However, in a recent yet to be published RCT, patients treated with compressive cryotherapy after ACL reconstruction, had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The submitted documentation indicated that the injured worker underwent surgery in 01/2014. However, the Official Disability Guidelines do not recommend the use of cryotherapy with wraps after surgery. Additionally, the provider did not submit a rationale as to how the cryotherapy would be beneficial to the injured worker. Given the above, the injured worker is not within the Official Disability Guidelines criteria. As such, the request is not medically necessary.