

<b>Case Number:</b>	CM14-0030099		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Occupational medicine, and is licensed to practice in Occupational Medicine. 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 March 7, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; consultation with an orthopedic shoulder surgeon, who has apparently endorsed shoulder surgery. In a Utilization Review Report dated February 26, 2014, the claims administrator partially certified request for a Polar Ice machine purchase as a seven-day rental of the same. The claims administrator denied a request for home health aide outright. The applicant's attorney subsequently appealed. In a December 17, 2014 progress note, it was stated that the applicant was not working. It was stated that the applicant had failed four to five shoulder corticosteroid injection and should therefore consider surgical decompression surgery and/or acromioplasty. On February 17, 2014, the applicant was placed off of work, on total temporary disability. A Polar Ice shoulder cryotherapy machine was sought. It appears that a request home health aide was also made, although the note was handwritten, not entirely legible, and extremely difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar ice machine (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow Cryotherapy topic.

**Decision rationale:** The MTUS does not address the topic of perioperative cryotherapy. As noted in the ODG Shoulder Chapter Continuous-flow Cryotherapy topic, continuous-flow cryotherapy is recommended as an option in the seven-day postoperative context but is not recommended for non-operative use purposes. In this case, however, the attending provider has seemingly requested that the device in question be purchased. This is not indicated, appropriate, or supported by ODG, which endorses usage of such devices only in the immediate one-week perioperative context. The request for the purchase of a Polar ice machine is not medically necessary or appropriate.

**Home Health Aide 4 hrs./day for 5 day x one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services topic; MTUS 9792.23.b2 Page(s): 51.

**Decision rationale:** The request in question appears to represent a request for home health aide to facilitate performance of non-medical activities of daily living postoperatively. As noted in the Chronic Pain Medical Treatment Guidelines, however, home health services to facilitate performance of activities of daily living such as cooking, cleaning, shopping, bathing, etc. are specifically not covered when they are the only services being requested. In this case, there is no evidence that the attending provider has concurrently sought authorization for any other medical service to be delivered alongside the home health aide to facilitate performance of activities of daily living. The request for home health aide for four hours daily, five days weekly, for one month, is not medically necessary or appropriate.