

Case Number:	CM14-0038845		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 2/16/12. A 3/14/14 medical report identifies left shoulder pain 7/10. On exam, the patient had limited range of motion (ROM) is noted with loud popping of the joint. The patient is said to have had left shoulder surgery on 2/4/14. A 3/12/14 medical report identifies left shoulder pain with limited ROM and 4/5 strength. Surgery was recommended for surgery for possible labral debridement, repair of the biceps tendon and rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Unit Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Shoulder Chapter, Continuous-flow cryotherapy section.

Decision rationale: Regarding the request for a polar unit purchase, the CA MTUS does not address the issue. The ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the

documentation available for review, it is unclear if the patient had a recent surgery or if there is a pending surgery and, if so, there is no indication that the surgery has been authorized. Regardless, the device is indicated only for use after surgery for up to 7 days. As such, purchase of the device would not be indicated and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested polar unit purchase is not medically necessary.