

<b>Case Number:</b>	CM15-0184415		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female injured worker suffered an industrial injury on 8-1-2013. The diagnoses included ulnar neuritis. The Ulnar Nerve Release left elbow surgery was certified 9-1-2015. This is a request for treatment post-operatively. There was no documentation with rationale for 21 day rental for Polar Care. The Utilization Review on 9-1-2015 determined modification for Post-Operative Polar Care (21-day rental) to (7-day rental).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Polar Care (21-day rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Continuous-flow Cryotherapy.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are

recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is not medically necessary.