

<b>Case Number:</b>	CM14-0009449		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopaedic Surgery 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 31-year-old male sustained an industrial injury on 1/4/12, while operating a saw machine. He lacerated the tip of his right index finger while attempting to grab and pull a wood pallet toward the saw blade. Records indicate that the patient is status post right shoulder SLAP repair. The 3/12/12 electrodiagnostic study documented findings suggestive of severe bilateral carpal tunnel syndrome, right greater than left. The 7/24/13 right wrist MRI impression documented avascular necrosis along the ulnar articular surface of the lunate with diffuse bone marrow edema within the lunate and subchondral cyst formation within the lunate and triquetrum. The 11/18/13 treating physician report cited subjective complaints of constant grade 4/10 right shoulder pain that radiates to the biceps with associated numbness and tingling. Pain increased with doing severe or heavy movements, and decreased with medications. Therapy helped decrease his pain and improve his range of motion. Upper extremity exam findings documented right upper trapezius and deltoid tenderness, limited shoulder range of motion due to pain, positive impingement and apprehension sign, hypesthesia of the index finger pad, and decreased index finger range of motion. The diagnosis was status post right shoulder arthroscopy, right index finger laceration, right upper extremity sensory neuropathy, stress, and insomnia. The treatment plan recommended continued functional restoration and acupuncture 2x6, range of motion and muscle strength testing, and medications. Durable medical equipment was requested including TENS unit and a hot and cold pack/wrap or thermal combo unit. The 1/17/14 utilization review denied the request for a contrast aqua therapy unit as there is limited evidence to support the superiority of a motorized unit over the conventional hot/cold packs, beyond patient convenience, and continuous flow cryotherapy was not recommended for nonsurgical conditions. The 1/20/14 treating physician report indicated that the patient was continuing with chiropractic supervised physiotherapy treatment 2x6, and acupuncture 2x6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CONTRAST AQUA THERAPY WATER CIRCULATING PAD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 the Official Disability Guidelines (ODG) Shoulder, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS are silent regarding continuous flow cryotherapy. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Guidelines do recommend the use of cold packs. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a hot/cold therapy unit over simple ice and heat packs. Continuous flow cryotherapy is not supported for non-surgical treatment. Therefore this request for a contrast aqua therapy water circulating pad is not medically necessary.

### **CONTRAST AQUA THERAPY WRAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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) Shoulder, Continuous flow cryotherapy.

**Decision rationale:** Given that the request for a contrast aqua therapy unit is not medically necessary, the request for a contrast aqua therapy wrap is also not medically necessary.

### **INSTALLATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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) Shoulder, Continuous flow cryotherapy.

**Decision rationale:** Given that the request for a contrast aqua therapy unit is not medically necessary, the request for installation is also not medically necessary.

### **CONTRAST AQUA THERAPY UNIT 6 WEEKS RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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) Shoulder, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS are silent regarding continuous flow cryotherapy. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Guidelines do recommend the use of cold packs. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a hot/cold therapy unit over simple ice and heat packs. Continuous flow cryotherapy is not supported for non-surgical treatment. Therefore this request for a contrast aqua therapy unit is not medically necessary.