

<b>Case Number:</b>	CM14-0131271		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 46 year-old patient sustained an injury on 1/17/12 while employed by [REDACTED]. Request(s) under consideration include Aqua relief system purchase Left shoulder and Lumbar spine. Report of 1/20/14 from the provider noted the patient had constant left shoulder pain rated at 7/10 without radiation but associated with numbness and tingling; low back pain rated at 5/10 radiating and associated with numbness/tingling. Current medications list antihypertensive medication. Exam showed positive SLR at 40/35 bilaterally; symmetrical DTRs 2+ bilaterally; left shoulder with TTP of left AC joint and deltoid; range showed flex/abd/IR/ER of 165/165/60/60 degrees; positive apprehension sign; intact sensation in upper extremity. Diagnoses include s/p left shoulder surgery/ left shoulder pain; and lumbar spine strain/sprains with myospasm. Treatment included medications, PT, acupuncture, and return to modified work with 20 pound limitation. AME report of 6/9/14 noted patient was P&S by his provider on 3/15/13 approximately 7 months post surgery without mention of any low back injury. It was determined further diagnostic and review was recommended. Report of 6/18/14 from the provider noted the patient was s/p left shoulder arthroscopy with plan for possible lumbar surgery. It is unclear whether the surgery was pending to be scheduled or already performed as no information for any surgery was provided. The request(s) for Aqua relief system purchase Left shoulder and Lumbar spine was non-certified on 8/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Aqua relief system purchase Left shoulder and Lumbar spine.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Treatment Index, 11th edition (web), 2014, Chapter 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) ODG, pages 381-382.

**Decision rationale:** This 46 year-old patient sustained an injury on 1/17/12 while employed by [REDACTED]. Request(s) under consideration include Aqua relief system purchase Left shoulder and Lumbar spine. Report of 1/20/14 from the provider noted the patient had constant left shoulder pain rated at 7/10 without radiation but associated with numbness and tingling; low back pain rated at 5/10 radiating and associated with numbness/tingling. Current medications list antihypertensive medication. Exam showed positive SLR at 40/35 bilaterally; symmetrical DTRs 2+ bilaterally; left shoulder with TTP of left AC joint and deltoid; range showed flex/abd/IR/ER of 165/165/60/60 degrees; positive apprehension sign; intact sensation in upper extremity. Diagnoses include s/p left shoulder surgery/ left shoulder pain; and lumbar spine strain/sprains with myospasm. Treatment included medications, PT, acupuncture, and return to modified work with 20 pound limitation. AME report of 6/9/14 noted patient was P&S by his provider on 3/15/13 approximately 7 months post surgery without mention of any low back injury. It was determined further diagnostic and review was recommended. Report of 6/18/14 from the provider noted the patient was s/p left shoulder arthroscopy with plan for possible lumbar surgery. It is unclear whether the surgery was pending to be scheduled or already performed as no information for any surgery was provided. The request(s) for Aqua relief system purchase Left shoulder and Lumbar spine was non-certified on 8/5/14. Per AME report, it appeared the patient underwent left shoulder arthroscopy in 2012 with current question of lumbar surgery planned. MTUS/ACOEM guidelines do not specifically address this; however, the Official Disability Guidelines state Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment and postoperative use generally may be up to 7 days, including home use. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The Aqua relief system purchase Left shoulder and Lumbar spine is not medically necessary and appropriate.