

Case Number:	CM14-0136219		
Date Assigned:	09/03/2014	Date of Injury:	11/29/2012
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 30-year-old female who reported an injury on 11/29/2012. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine sprain/strain with myospasm, lumbar spine sprain/strain with radiculitis, left shoulder sprain/strain. Previous treatments included physical therapy, chiropractic sessions and medications. The diagnostic testing included an MRI, EMG/NCV (electromyography and nerve conduction velocity). Within the clinical note dated 06/06/2014, it was reported the injured worker complained of upper back pain. She rated her pain 6/10 in severity. The injured worker reported the pain radiated to her bilateral shoulders. She describes the pain as sharp needles in her left arm. Upon the physical examination, the provider noted the injured worker had tenderness to palpation with spasms of the upper trapezius muscles bilaterally. The injured worker had a negative compression, Spurling's, and distraction test. The injured worker had tenderness to palpation with spasms of the upper trapezius muscles and tenderness to palpation of the bilateral AC (acromioclavicular) joints. The injured worker had a positive impingement, apprehension sign, and empty can test. The request submitted is for an aquatic relief system. However, a rationale was not provided clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic relief system dispensed 06/06/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cryotherapy unit

Decision rationale: The request for Aquatic relief system dispensed 06/06/2014 is not medically necessary. The Official Disability Guidelines recommended continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. At postoperative settings, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. However, the effect on more frequently treated acute injuries, muscle strains, and contusions have not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through the use of power to circulate ice water and cooling packs. The request submitted failed to provide the treatment site. The request submitted failed to provide the length of time the provider is wanting the injured worker to utilize the aquatic system. Additionally, the guidelines do not recommend the use of continuous flow therapy as surgery was not indicated. Therefore, the request is not medically necessary.