

Case Number:	CM14-0159432		
Date Assigned:	10/03/2014	Date of Injury:	02/12/2014
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back and shoulder pain reportedly associated with an industrial injury of February 12, 2014. Thus far, the applicant has been treated with the following: Analgesic medications, unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and various exercise kits. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for a DME aqua relief system. The claims administrator's rationale was extremely sparse. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In a handwritten Doctor's First Report dated May 15, 2014, the applicant reported multifocal complaints of low back, shoulder, and elbow pain. A lumbar MRI and eight sessions of manipulative therapy were sought. The applicant's work status was not clearly stated. In a Request for Authorization form dated May 27, 2014, a tennis elbow brace, aqua relief system, multi stimulator unit, traction device, home exercise kit, and associated supplies were sought. No clinical progress notes were attached to the Request for Authorization (RFA) form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as are present here. By implication, thus, there is no support in ACOEM for the more elaborate high-tech 'aqua relief system' employed here to deliver cryotherapy. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.