

Case Number:	CM14-0020166		
Date Assigned:	04/25/2014	Date of Injury:	04/01/2010
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice has a subspecialty in Pain 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 46 year old male claimant sustained a work related injury on 4/1/10 resulting involving the shoulders, neck, low back and knees. The claimant's diagnoses included cervical spine strain, right shoulder bursitis, lumbar spine herniation and bilateral medial meniscal tears. He had undergone left knee and right shoulder arthroscopies. An examination on 1/10/14 indicated that the claimant had continued right shoulder, neck and bilateral knee pain. Objective findings were notable for paracervical spinal tenderness, reduced range of motion of the neck, point tenderness of the shoulders and reduced range of motion of the right shoulder, positive straight leg raise on the right, and reduced range of motion of the lumbar spine. The claimant was to continue physical therapy, use oral analgesics and continue to use a Multi-Stim-Aqua Relief System.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-STIM). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Knee Disorders and National Guidelines for Low Back Disorders, page 4.

Decision rationale: The MTUS and ACOEM guidelines do not comment on an Aqua Relief System. An Aqua Relief system provided heat and cold therapy to improve circulation, decrease tendon stiffness and reduce pain. According to the National Guidelines on Low Back Disorders , routine use of cryotherapies with use of a home high-tech device is not recommended. In addition, the ODG guidelines comment on heat and cold packs but not an associated device. It statement includes: Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis. There is limited evidence to support the use of Aqua Relief and the clinical documentation does not indicate related improvement. The request is not medically necessary.