

Case Number:	CM14-0023179		
Date Assigned:	05/14/2014	Date of Injury:	08/17/2010
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year old with an injury date on 8/17/10. Based on the 10/25/13 left shoulder MRI report provided by [REDACTED] the diagnoses are: 1. Minimal glenohumeral joint effusion. 2. Osteoarthropathy of acromioclavicular joint. 3. Minimal subacromial bursitis. There was no physical examination in any of the provided reports, but a physical therapy report from 1/17/14 showed "limited range of motion in right shoulder." MRI of left shoulder on 10/27/13 showed "Acromioclavicular joint shows articular irregularity and capsular hypertrophy representing osteoarthropathy. Minimal subacromial I subdeltoid bursal effusion is noted, seen as hyper intense signal on STIR images." [REDACTED] is requesting contrast aqua therapy unit rental for 6 weeks. The utilization review determination being challenged is dated 2/12/14 and rejects request due to lack of documentation in reference to date/type of operative procedure. [REDACTED] is the requesting provider, and he provided treatment reports from 7/2/13 to 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTRAST AQUA THERAPY UNIT RENTAL FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Forearm, wrist, hand Cold packs.

Decision rationale: This patient presents with neck, bilateral shoulder, and elbow pain. The treater has asked contrast aqua therapy unit rental for 6 weeks but no RFA included in reports. Review of the report shows no recent history of surgeries. Regarding cryotherapy, ODG allows for short-term post-operative use. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the treater has asked for contrast aqua therapy unit rental for 6 weeks but cryotherapy is indicated only for post-operative use per ODG. The request is not medically necessary.