

Case Number:	CM14-0029682		
Date Assigned:	04/09/2014	Date of Injury:	03/15/2012
Decision Date:	05/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 23-year-old male who reported an injury on 03/15/2012 due to a slip and fall that reportedly caused injury to his head and low back. The injured worker's treatment history included physical therapy, acupuncture and multiple medications for pain control. The patient was evaluated on 12/18/2013. It was documented that the injured worker had ongoing cervical and lumbar pain complaints. Physical findings included limited range of motion of the cervical spine secondary to pain and limited range of motion of the lumbar spine secondary to pain. The injured worker's diagnoses included lumbar disc disorder, lumbar spine sprain/strain, and cervical sprain/strain. The injured worker's treatment plan included medications, referral to a pain specialist, a multi stimulator unit, an aqua relief system, and an Aspen back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: AQUA RELIF SYSTEM FOR PURCHASE: 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 Official Disability Guidelines (ODG) Low Back Chapter, Cold/Heat Applications, Knee and Leg Chapter and Durable Medical Equipment (DME)

Decision rationale: The requested DME Aqua Relief System for purchase is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address continuous cryotherapy units. Official Disability Guidelines recommend continuous low level heat wrap therapy. However, there is no significant scientific data to support low levels of continuous cold wrap therapy. Additionally, Official Disability Guidelines Knee and Leg Chapter refer to durable medical equipment as equipment that is typically rented. The request as it is submitted indicates that this is for purchase. The clinical documentation does not support the need for the purchase of this equipment. As such, the requested DME for Aqua Relief System for purchase is not medically necessary or appropriate.