

Case Number:	CM14-0051517		
Date Assigned:	07/07/2014	Date of Injury:	10/24/2013
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 36-year-old male with a 10/25/2013 date of injury. A specific mechanism of injury was not described. 3/20/14 determination was non-certified given that the record review did not reveal a significant obesity which was the primary indication for aqua therapy. 2/14/14 medical report identified complaints of cervical spine, lumbar spine, and right shoulder pain, myospasm, and weakness with loss range of motion, and migraine headaches. The patient also complained of left wrist pain, numbness, and weakness as well as bilateral knee pain, spasms, weakness, and locking with loss of range of motion. Severity of pain was 7/10. Exam revealed painful range of motion of the cervical spine, lumbar spine, right shoulder, and left wrist/hand. Pain on palpation of the cervical, thoracic, and lumbar spine, right shoulder, left wrist/hand, and knees. There was edema of the right shoulder, as well as sensory loss of the left hand and lower extremities. There were also trigger points. There were multiple diagnoses including the cervical, thoracic, and lumbar spine, as well as the right shoulder, left wrist, and knees. There were also multiple requests including physical modalities, diagnostic tests, evaluations, and DME (including Aqua relief system, TENS unit, and paraffin bath).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System Purchase to be used for 30 minutes 3-5 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 3/18/14); ODG, Knee & Leg (updated 01/20/14);.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Aqua Relief System (Hot/Cold therapy pump) paintechnology.com.

Decision rationale: There was no indication for the necessity of the requested unit. The patient had complaints in multiple body parts and it was not clear which body part was intended to be treated with the Aqua Relief System. There were numerous requests for physical modalities, diagnostic tests, evaluations, and DME (including Aqua relief system, TENS unit, and paraffin bath); and it was unclear how functional improvement was intended to be assessed when the patient was proposed to undergo many modalities concurrently. Furthermore, there was insufficient evidence of any benefit over standard cryotherapy with ice bags/packs; and there were no studies evaluating the unit's use as a heat source. Furthermore, while cryotherapy has been indicated in the post-operative setting, there was no indication for its use for chronic pain. The medical necessity was not substantiated.

Installation: 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 The Aqua Relief System (Hot/Cold therapy pump).

Decision rationale: Given that the medical necessity for the requested aqua therapy unit was not substantiated, the request for installation of such unit was also not substantiated. There was also no indication of what would be the special requirements/circumstances that would necessitate special installation.