

Case Number:	CM14-0053958		
Date Assigned:	07/18/2014	Date of Injury:	08/26/2013
Decision Date:	10/03/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old female was reportedly injured on August 26, 2013. The mechanism of injury is noted as continuous trauma. The most recent progress note, dated December 5, 2013, indicates that there are ongoing complaints of left sided neck pain and left shoulder pain. The physical examination demonstrated diffuse tenderness about the left shoulder and decreased range of motion. There was abduction and forward flexion limited to 90. The examination of the right shoulder revealed full range of motion. There was tenderness over the left side paracervical muscles and the trapezius. There was a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request had been made for an Aqua Relief system purchase and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Shoulder, Continuous-Flow Cryotherapy; Forearm, Wrist, and Hand. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008: Shoulder Complaints Pages 561-563

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines a continuous flow cryotherapy system is recommended as an option after surgery to decrease pain, inflammation, swelling, and narcotic usage but is not recommended for nonsurgical treatment. Therefore, this request for an Aqua Relief system purchase is not medically necessary.