

Case Number:	CM14-0078149		
Date Assigned:	07/21/2014	Date of Injury:	07/25/2013
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational 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:

According to the records made available for review, this is a 37-year-old male with a 7/25/13 date of injury, and status post left shoulder arthroscopic posterior labral repair and subacromial decompression 4/4/14. At the time (1/15/14) of request for authorization for Durable Medical Equipment (DME): Aqua Relief System (ARS) Unit Hot/Cold for Purchase and Durable Medical Equipment (DME): Aqua Relief System (ARS) Pad for Purchase, there is documentation of subjective (instability with left shoulder) and objective (left shoulder: Hawkin's and Neer tests positive, Speeds test positive, O'Brien's test positive, apprehension and relocation tests positive, forward flexion 170 degrees, external rotation at 90 degrees of abduction is 85 degrees, internal rotation is to L3 with pain at the extremes of all range of motion, and abduction 175 degrees) findings, current diagnoses (left shoulder SLP tear with underlying subscapularis tear and acromioclavicular joint arthritis, partial tear of the inferior glenoid humeral ligament), and treatment to date (surgery and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): Aqua Relief System (ARS) Unit Hot/Cold for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Various Unspecified Sources, Medical Rational/Medical Resources & Guidelines, and 17 Articles of Variable Methodological Quality.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left shoulder SLP tear with underlying subscapularis tear and acromioclavicular joint arthritis, partial tear of the inferior glenoid humeral ligament. In addition, there is documentation of status post left shoulder arthroscopic posterior labral repair and subacromial decompression on 4/4/14. However, the requested Durable Medical Equipment (DME): Aqua Relief System (ARS) Unit Hot/Cold for Purchase exceeds guidelines (for up to 7 days). Therefore, based on guidelines and a review of the evidence, the request for Durable Medical Equipment (DME): Aqua Relief System (ARS) Unit Hot/Cold for Purchase is not medically necessary.

Durable Medical Equipment (DME): Aqua Relief System (ARS) Pad for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Various Unspecified Sources, Medical Rational/Medical Resources & Guidelines, and 17 Articles of Variable Methodological Quality.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left shoulder SLP tear with underlying subscapularis tear and acromioclavicular joint arthritis, partial tear of the inferior glenoid humeral ligament. In addition, there is documentation of status post left shoulder arthroscopic posterior labral repair and subacromial decompression on 4/4/14. However, the requested Durable Medical Equipment (DME): Aqua Relief System (ARS) Unit Hot/Cold for Purchase exceeds guidelines (for up to 7 days). Therefore, based on guidelines and a review of the evidence, the request for Durable Medical Equipment (DME): Aqua Relief System (ARS) Pad for Purchase is not medically necessary.