MAXIMUS Federal Services

Case Number:	CM13-0014593		
Date Assigned:	11/08/2013	Date of Injury:	04/01/2010
Decision Date:	03/12/2015	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male who sustained an industrial injury on 04/01/2010. The mechanism of injury or the initial injuries are not documented. The diagnoses have included cervical 5- cervical 6 progressive disc herniation, industrial related and right cervical 6- cervical 7 radiculopathy, industrial related. Treatment to date has consisted of MRI of left knee showing oblique tear of the posterior horn of the medial meniscus and cervical MRI from three years prior showing a 3 mm cervical 5 - cervical 6 disc herniation. He was also status post subacromial decompression and rotator cuff repair of right shoulder. Currently the injured worker continued to suffer with" truncal aches and pains" with activities of daily living. Physical exam noted positive cervical compression test with tenderness at cervical 5 - cervical 7. The IW was complaining of pain surrounding the left knee. There was moderate tenderness at the posterolateral left knee joint with full range of motion. Lachman's test and Recurvatum test was negative. The provider documented the IW was not getting any physical therapy to his shoulder or shockwave therapy as ordered. He was only getting acupuncture and physical therapy to his low back for partial relief of low back pain. He had not received shoulder pulleys to use at home. The injured worker was on four months of total temporary disability extension. On 08/07/2013 utilization review non-certified the request for contrast aqua therapy unit noting only cold devices are approved for short time frames, post surgeries of this type. The requested device is not only cold but hot type and not approved under MTUS/ACOEM Guidelines. On 08/20/2013 the injured worker submitted an application for IMR for the requested contrast aqua therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast Aqua Therapy Unit: 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 shoulder chapter, continuous-flow cryotherapy

Decision rationale: This patient presents with right shoulder and left knee pain. He is status post right shoulder subacromial decompression and rotator cuff repair from February 2013. The treater is requesting CONTRAST AQUA THERAPY UNIT. The RFA was not made available. The patient's date of injury is from 04/01/2010 and his current work status is TTD. The utilization review denied the request on 08/07/2013. The MTUS and ACOEM guidelines do not address this request. However, ODG guidelines under the shoulder chapter on continuous-flow cryotherapy states, "Recommended as an option after surgery, but not for nonsurgical treatment." Postoperative use generally maybe up to 7 days including home use. In postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effects on more frequently treated acute injuries (muscle strains and contusion) have not been fully evaluated." The records do not show a history of contrast aqua therapy unit use. Contrast aqua therapy unit utilizes alternating hot and cold water to treat chronic pain, stiffness, chronic cough or illness, soreness, et cetera. The report making the request was not made available for review. While postoperative use of continuous flow cryotherapy is supported by the ODG Guidelines, it is unclear from the documents if the request was made following a right shoulder surgery. In addition, suggested use is for up to 7 days and the current request for unlimited duration of a contrast aqua therapy unit is not supported by the guidelines. The request IS NOT medically necessary.