

Case Number:	CM14-0193191		
Date Assigned:	11/26/2014	Date of Injury:	12/26/2003
Decision Date:	01/13/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date of 12/26/03. Based on the 07/03/14 progress report, the patient complains of neck pain and arm pain which she rates as a 9/10. She has a decreased range of motion in both her neck and arms which are associated with spasms. The patient has moderate to severe headaches with blurry vision. She has tingling and numbness in the cervical region at C5-6 as well as weakness to bilateral arms. The 08/14/14 report states that the weakness in both arms is progressive and worsening. The patient has a weak grip which she notices while writing or holding objects in her hands. The 09/22/14 report indicates that the patient has depression, sadness, fatigue, low self-esteem, and hopelessness. She continues to have pain in her neck, right shoulder, right knee, and her back. The patient's diagnoses include cervical musculoligamentous injury. The utilization review determination being challenged is dated 10/18/14. Treatment reports were provided from 04/09/14- 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief system purchase and installation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: According to the 09/22/14 report, the patient presents with pain in her neck, right shoulder, right knee, and her back. The report with the request was not provided. ODG Guidelines under the Shoulder chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." There is no indication that the patient has undergone surgery or is pending surgery. In this case, ODG guidelines do not support this type of device other than for post-operative recovery, and there is no indication that the patient has been authorized for surgery. The requested Aqua Relief System is not medically necessary.