

Case Number:	CM14-0217109		
Date Assigned:	01/07/2015	Date of Injury:	06/23/2014
Decision Date:	07/30/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 34-year-old who has filed a claim for neck, elbow, hand, hand, wrist, and forearm pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury June 23, 2014. In a Utilization Review report dated December 11, 2014, the claims administrator failed to approve a request for an "aqua relief release system." The claims administrator referenced an RFA form received on December 8, 2014 in its determination. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported ongoing complaints of shoulder and upper extremity pain status post a recent steroid injection. The applicant had received multiple prior right shoulder surgeries, it was reported. Ancillary complaints of neck pain were reported. The applicant was placed off of work, on total temporary disability. Medication selection and/or medication efficacy were not discussed or detailed. On November 8, 2014, the applicant reported ongoing complaints of neck, elbow, wrist, and forearm pain with derivative complaints of depression and anxiety. The applicant was using Norco for pain relief. MRI imaging of the cervical spine, elbow, and wrist; electrodiagnostic testing of the bilateral upper extremities; manipulative therapy; extracorporeal shock wave therapy; a psychological evaluation; a functional capacity evaluation; topical compounds; naproxen; a CPM device; an ultrasound stimulator; and a multistimulator unit were all endorsed. On January 23, 2015, authorization was sought for left shoulder surgery. Topical compounds and a neurostimulator device were apparently prescribed and/or dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Continuous-flow cryotherapy.

Decision rationale: No, the request for an "aqua relief system" was not medically necessary, medically appropriate, or indicated here. The request was in question was seemingly framed as a postoperative request following planned shoulder surgery. While ODG's Shoulder Chapter Continuous-flow Cryotherapy topic does support continuous-flow cryotherapy postoperatively, for up to seven days, following shoulder surgery, here, however, the request was framed as a request to purchase the device in question and, by implication, use the device outside of the postoperative window. The attending provider's documentation and progress notes did not contain a clear or compelling rationale for provision of this device on a purchase basis in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.