

Case Number:	CM15-0202904		
Date Assigned:	10/19/2015	Date of Injury:	12/03/2014
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/15/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on December 3, 2014. She reported injury to her lumbar spine and left shoulder with pain that radiated to the bilateral hips and buttocks. The injured worker was diagnosed as having rotator cuff syndrome left shoulder, impingement syndrome left shoulder, lumbago, lumbar radiculitis-neuritis, lumbar sprain and strain and left wrist pain. Treatment to date has included diagnostic studies, medication, wrist support, left shoulder brace, modified work duty and physical therapy without benefit. On July 23, 2015, the injured worker complained of stabbing left shoulder pain with radiation of the pain to the left upper arm to the left wrist, hand and fingers. There was associated numbness, weakness and tingling in the left arm. The pain was rated as a 5 on a 1-10 pain scale. The injured worker also reported stabbing, sharp and aching low back pain with radiation to the bilateral lower extremities to the feet. The pain was associated with numbness, weakness and tingling in the bilateral legs. The pain was rated as a 5 on the pain scale. Physical examination of the left shoulder revealed limited range of motion due to pain. There was a significant impingement sign on examination. Physical examination of the lumbosacral spine revealed some tenderness to palpation. There was a positive straight leg raise test on the left side. Range of motion was noted to be limited due to pain. The treatment plan included an initial functional capacity evaluation, acupuncture treatment, MRI, medication, multi-stimulator unit for five months for lumbar spine, cold and heat pack for left shoulder and lumbar spine, home exercise kit for lumbar spine and a follow-up visit. On September 10, 2015, utilization review denied a request for purchase of Aqua Relief System for the lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Aqua Relief System for the Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), Cold/Heat Packs, Heat Therapy; Chapter: Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, is 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 usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Low Back section, cold/heat packs is recommended as an option for acute pain. It is recommended for at home application of cold packs for the first few days of acute complaint. The ODG does not recommend a motorized hot cold therapy unit such as vascutherm as cold packs is a low risk cost option. In this case, the guidelines do not recommend the requested DME item for the injured workers diagnoses. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.