

Case Number:	CM14-0123563		
Date Assigned:	08/08/2014	Date of Injury:	02/02/2013
Decision Date:	10/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 58 year old male who sustained a work injury on 2-2-13. The claimant is status post left shoulder arthroscopic rotator cuff repair on 1-18-14. Office visit on 6-3-14 notes the claimant's left shoulder is improving. He reports that physical therapy is starting him on strength training at this time. On exam, the claimant has decreased range of motion. Incisions are well healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Continuous-Flow Cryotherapy

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: ODG notes that 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 (e.g., muscle strains and contusions) has not been fully evaluated. Based on the records provided, the request for Aqua Relief System, Purchase is not supported this far removed postop. There is no indication of extenuating circumstances to support the Aqua Relief System, Purchase. Therefore, the medical necessity of this request is not established.