

<b>Case Number:</b>	CM14-0194980		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine & Acupuncture 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:

54y/o female injured worker with date of injury 10/10/13 with back, bilateral shoulder, and bilateral wrist pain. Per progress report dated 10/6/14, physical exam of the cervical spine revealed tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscle. The bilateral shoulders were tender to palpation over the anterior rotator cuff, there was mild AC joint and bicipital tenderness without irritability, there was positive impingement and grind sign on the right. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 10/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua Relief System, purchase quantity:one:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Continuous-flow cryotherapy

**Decision rationale:** The MTUS is silent on the use of home based aquatic therapy. The ODG states 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. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting."As the guidelines only recommend postoperative use for up to 7 days, purchase of Aqua Relief System is not medically necessary.