

Case Number:	CM15-0090584		
Date Assigned:	05/15/2015	Date of Injury:	08/22/2013
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 58 year old, female who sustained a work related injury on 8/22/13. The diagnoses have included status post right shoulder dislocation, right shoulder tendon tear, right shoulder tendinosis, right shoulder acromioclavicular joint osteoarthritis, multilevel cervical spine disc protrusions, cervical disc desiccation, cervical spine myospasms, right upper extremity radiculopathy and mood disorder with anxiety/depression. Treatments have included shockwave therapy to shoulder and oral medications. In the PR-2 dated 1/28/15, the injured worker complains of constant right shoulder pain. She states the pain radiates to her neck with numbness and tingling. She rates the pain level at 6/10. She complains of constant neck pain. She has pain that radiates down to right hand with numbness and tingling. She rates this pain level at 6/10. She complains of persistent right lower leg pain and swelling. She complains of severe low back pain that radiates down her right leg. She states she has persistent anxiety, depression and insomnia. On physical examination, she has tenderness to palpation of right upper trapezius muscle and right occipitals with spasm. She has muscle atrophy of the right shoulder. She has tenderness to palpation of right acromioclavicular joint, right glenohumeral joint and right deltoid muscle. She has tenderness of right lateral shin. The treatment plan includes a request for a hot/cold wrap/pack thermal unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Aqua relief system - hot/cold unit purchase with pad dispensed 01/28/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective request aqua-relief system-hot/cold unit purchase with pad dispensed January 28, 2015 is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist." There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker's working diagnoses are status post right shoulder dislocation: right shoulder supraspinatus tendon partial tear; right shoulder infraspinatus tendinosis; right shoulder biceps tendon partial tear with tenosynovitis; right shoulder superior glenoid labral tear SLAP II configuration; right shoulder AC joint osteoarthritis; right shoulder subacromial subdeltoid bursitis; multilevel cervical disc protrusion; cervical spine mile spasm; right upper extremity radiculopathy; right lower leg pain; and mood disorder. According to a January 28, 2015 progress note, the treating provider is requesting TENS unit as well as a hot and cold pack/wrap and a thermal combo unit. The treating provider discussed the Vascutherm unit that has additional benefits of compression and treatment of deep vein thrombophlebitis via an electric pump. Continuous flow units are recommended as an option after surgery, but not for nonsurgical treatment. There is no documentation of the deep vein thrombophlebitis nor is there anticipated surgery. Additionally, the ACOEM does not recommend passive physical modalities such as heat/cold applications. Consequently, absent clinical documentation with a clinical indication/rationale for the Aqua relief system, anticipated surgery and no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, retrospective request aqua- relief system-hot/cold unit purchase with pad dispensed January 28, 2015 is not medically necessary.