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| Case Number: | CM15-0106554 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 12/11/2014 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 49 year old female who sustained cumulative trauma industrial injuries from January 9, 2014 through December 3, 2014. She reported upper back pain radiating to the bilateral shoulders, left greater than right, bilateral thumb pain radiating to the hands and arms, and low back pain radiating to the bilateral lower extremities with associated weakness. The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain, cervical spine myospasm, lumbar spine musculoligamentous sprain and strain, lumbago, bilateral shoulder arthralgia, and bilateral first MCP arthralgia, rule out De Quervain's tenosynovitis. Treatment to date has included diagnostic studies, chiropractic care, medications and work restrictions. Currently, the injured worker continues to report upper back pain radiating to the bilateral shoulders, left greater than right, bilateral thumb pain radiating to the hands and arms, and low back pain radiating to the bilateral lower extremities with associated weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. X-ray of the cervical spine on February 7, 2015, revealed possible myospasm, degenerative disc height narrowing and degenerative marginal end plate osteophytes o. Evaluation on February 11, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. Medications and chiropractic care were continued. Her status was temporarily totally disabled. The RFA included a request for retro (DOS 2/11/15) aqua relief system, purchase and was non-certified on the Utilization Review (UR) on May 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 2/11/15): Aqua relief system, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (Acute & Chronic), Cold packs, ODG Forearm, Wrist, & Hand (Acute & Chronic), Heat therapy.

Decision rationale: According to the cited ACOEM and ODG, musculoskeletal symptoms can be managed with a combination of heat or cold therapy. During the first 2 weeks, in the acute to subacute phase, providers can use passive modalities, such as application of heat and cold, for temporary improvement of symptoms and to facilitate mobilization and graded exercise. In particular, at home use of cold packs should be used in the first few days of acute complaints, followed by applications of heat packs. However, there is no evidence to specifically recommend electronically controlled fluid based thermal pads/wraps as opposed to simple cold or hot packs. Furthermore, the guidelines address acute complaints and make no recommendation for chronic pain use. Therefore, the request for retro (DOS 2/11/15) aqua relief system is not medically necessary and appropriate.