

<b>Case Number:</b>	CM15-0126515		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: North Carolina  
 Certification(s)/Specialty: 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 (n) 37 year old male, who sustained an industrial injury on 4/21/15. He reported injury to his bilateral hands and wrists related to repetitive movements. The injured worker was diagnosed as having wrist sprain, carpal tunnel syndrome and insomnia. Treatment to date has included physical therapy, wrist braces, Nabumetone, Naproxen and topical analgesics. As of the PR2 dated 5/13/15, the injured worker reports dull and aching pain in both wrists, more on the left. He rates his pain a 7/10 without medications and a 3-4/10 with medications. Objective findings include tenderness to palpation in wrists and hands, decreased wrist range of motion and a positive Tinel's and Phalen's test in both wrists. The treating physician requested a hot-cold aquatic therapy system for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold aquatic therapy system for the bilateral wrists:** 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), Wrist Chapter, Hot/Cold Therapy Units Section.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. There is no clinical reason why the patient cannot use simple hot and cold packs. The request is not for post surgical use and therefore cannot be certified. The request is not medically necessary.