

Case Number:	CM15-0127012		
Date Assigned:	07/13/2015	Date of Injury:	08/13/2014
Decision Date:	08/07/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial injury on August 13, 2014, incurring injuries to both wrists due to repetitive job duties. She was diagnosed with bilateral wrist tendinitis, left de Quervain's syndrome, bilateral carpal tunnel syndrome, bilateral elbow sprain and cervical sprain. Magnetic Resonance Imaging of the left wrist revealed chronic tendinosis and two dorsal ganglion cysts. Electromyography studies were unremarkable. Treatment included physical therapy, home exercise program, pain medications, anti-inflammatory drugs, wrist injections, topical analgesic lotions, and work modifications and restrictions. Currently, the injured worker complained of ongoing bilateral forearm and wrist pain with continued numbness and tingling. She noted the pain increased with gripping, grasping, pushing and pulling. She had restricted range of motion of both wrists. The treatment plan that was requested for authorization included the purchase of a continuous cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Continuous cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-flow cryotherapy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the wrist, the request is not medically necessary.