MAXIMUS Federal Services

Case Number:	CM13-0007706		
Date Assigned:	04/23/2014	Date of Injury:	07/28/2010
Decision Date:	08/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 Occupational Medicine 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:

This is a 48-year-old female patient with a 7/28/10 date of injury. She injured herself while carrying a 10-pound working machine on her right hand and felt a sharp pain to her right hand wrist and neck. A 1/4/13 progress report indicated that the patient has been experiencing pain in both wrists over the last several weeks. She stated that the pain waxes and wanes. Objective findings revealed mild tenderness of the left wrist radial aspect. Range of motion was normal. EMG dated on 9/18/12 demonstrated bilateral carpal tunnel syndrome. She was diagnosed with bilateral wrist tendonitis, and left wrist strain. Treatment to date: medication management and chiropractic therapy. There is documentation of a previous 7/23/13 adverse determination, because there was no specific clinical rationale why the patient needed arthritis gloves.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRITIS GLOVES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Patterson Medical (Thermoskin, Arthritis Gloves).

Decision rationale: The California MTUS and ODG do not address this issue. A search of online resources indicated that Arthritis Gloves are anatomically designed to provide warmth and even compression, which offers relief of pain and discomfort in the fingers and hands for arthritis and repetitive pain suffers. The patient had been diagnosed with bilateral wrist tendonitis. In addition the EMG study demonstrated bilateral carpal tunnel syndrome. However, there was no documentation supporting failure of medication management or other conservative treatment. In addition, there was no indication that arthritis gloves are considered as a first line therapy for carpal tunnel syndrome, or wrist tendonitis. There is no specific rationale provided as to why the patient needs arthritis gloves despite lack of guidelines support. Therefore, the request for arthritis gloves was not medically necessary.