MAXIMUS Federal Services

Case Number:	CM13-0012113		
Date Assigned:	03/19/2014	Date of Injury:	01/16/2002
Decision Date:	04/30/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

According to the records made available for review, this is a 70-year-old female with a 1/16/02 date of injury. At the time (7/24/13) of request for authorization for 2 compression gloves for bilateral wrists and hands to included digits, there is documentation of subjective (swelling in both hands primarily the right long finger) and objective (positive Tinel sign on the right wrist, tenderness to palpation over the left medial and lateral epicondyle, tenderness over the carpometacarpal joint at the base of the left thumb, and tenderness over the metacarpal joints of the left hand) findings, current diagnoses (left and right long trigger finger, bilateral medial and lateral epicondylitis, bilateral wrist and forearm myofascitis, left rotator cuff tear, and acromioclavicular joint arthritis), and treatment to date (medications). There is no documentation of a diagnosis of lymphedema with supportive subjective and objective findings .

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO COMPRESSION GLOVES FOR BILATERAL WRISTS AND HANDS TO INCLUDED DIGITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.cigna.com/sites/careallies/pdf/EX218_lymphedema_pumps_and_sleeves.pdf

Decision rationale: The MTUS and ODG guidelines do not address this issue. Medical treatment guidelines identify documentation of a condition/diagnosis (with supportive subjective/objective findings) for which compression garments are indicated (such as: lymphedema), as criteria necessary to support the medical necessity of compression garments. Within the medical information available for review, there is documentation of diagnoses of left and right long trigger finger, bilateral medial and lateral epicondylitis, bilateral wrist and forearm myofascitis, left rotator cuff tear and acromioclavicular joint arthritis. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which compression garments for the extremities are indicated (lymphedema). Therefore, based on guidelines and a review of the evidence, the request for 2 compression gloves for bilateral wrists and hands to included digits is not medically necessary.