

Case Number:	CM13-0013135		
Date Assigned:	12/04/2013	Date of Injury:	01/16/2002
Decision Date:	02/05/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/13/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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:

The beneficiary has a date of injury of 1/16/2002. She has bilateral hand swelling, stiffness, trigger finger and pain with right worse than left. She has had multiple surgeries and uses NSAID and vicodin for pain control. The exam shows bilateral long trigger finger, some edema of wrist and hand, Tinnel's positive, Phalen negative. No muscle atrophy and minimal weakness in hands. Sensation is intact. The beneficiary requests compressive gloves for the hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 compression gloves for bilateral wrists and hands to include digits as outpatient:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) pages 253-286.

Decision rationale: A search of the ACOEM guidelines for the use of compressive gloves found no recommendation for their use. Similarly, a Medline search found no evidence for efficacy in

their use. There is anecdotal use described in patients with rheumatoid arthritis, which the beneficiary has not demonstrated. The find the requested treatment not medically necessary.