

Case Number:	CM13-0016254		
Date Assigned:	10/11/2013	Date of Injury:	12/11/2001
Decision Date:	02/20/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice, and is licensed to practice in Texas . 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 patient is a 45-year-old female who reported a work related injury on 12/11/2001, as a result of repetitive motion to the bilateral upper extremities. The patient presents for treatment of the following diagnoses, lumbar spine strain, bilateral carpal tunnel syndrome status post carpal tunnel releases, lumbar facet syndrome, and right shoulder impingement syndrome. The clinical note dated 08/12/2013 reports an appeal for the current request from [REDACTED]. The provider documents the patient presents with significant swelling about the thumb interphalangeal joint. The provider is recommending the patient utilize a smart glove to help relieve pain to the wrist and hand caused by repetitive motion as well as injuries to the wrist or thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a right hand/wrist Smart Glove: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The current request is not supported. The most recent physical exam findings are dated from 06/17/2013 by physical therapist who documents the patient presents

with complaints of left upper extremity pain, numbness, and tingling. The clinical notes failed to evidence recent physical exam findings of the patient's right upper extremity to support the current request. Additionally, the clinical notes do not indicate the patient failed with simple splinting of the right wrist/hand to support the requested intervention at this point in the patient's treatment. California MTUS/ACOEM reports that splinting is a first line conservative treatment for carpal tunnel syndrome, de Quervain's, and strains. However, given all the above, the request for right hand/wrist smart glove is not medically necessary or appropriate.