

<b>Case Number:</b>	CM13-0020374		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 physical medicine and rehabilitation, 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.

### 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 with a reported date of injury on 12/11/2001. The patient presented with significant swelling of the thumb interphalangeal joint, tenderness over the acromioclavicular joint, pain and weakness with overhead reaching, limited range of motion in the shoulder, pain in the cervical spine, local tenderness to the left hand, stiff and sore fingers of the left hand, pain to the right shoulder, pain to the low back, pain to the lower extremities, and decreased sensation to the medial nerve distribution bilaterally. The patient had diagnoses including lumbar strain, lumbar facet syndrome, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, status post carpal tunnel release, tendovaginitis/vaginosis over the right thumb, status post right trigger thumb release, morbid obesity, status post right shoulder arthroscopy, right Achilles tendonitis, and left knee pain, and status post left hand trigger finger release on 01/24/2013. The physician's treatment plan included a request for bilateral smart gloves for the wrist, and a decision for a pneumatic cervical traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Smart Gloves for the wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266 - 268. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states when treating with a splint in CTS (carpal-tunnel syndrome), scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The Official Disability Guidelines further recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. The provider noted the smart glove was designed to help relieve pain in the wrist and hand caused by repetitive motion, as well as injuries to the wrist or thumb. The provider noted the glove had a flexible splint that allowed movement and it was filled with ergo beads that cushioned and protect the patient's underside of the wrist. The provider felt the equipment would be very beneficial to the patient as she experienced discomfort, especially in performing her daily tasks. While the guidelines recommend the use of splinting for patients with carpal tunnel syndrome, it is recommended that the wrist is splinted in a neutral position at night and during the day as needed. It was unclear if the smart glove equipment would keep the patient's wrist in a neutral position. It was unclear why the traditional bracing would not be utilized. The request for bilateral Smart Gloves for the wrist is not medically necessary or appropriate.

**A pneumatic cervical traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181 - 183.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states the use of cervical traction is not recommended as there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The guidelines note the use of cervical traction is not recommended. The request for a pneumatic cervical traction unit is not medically necessary or appropriate.