

Case Number:	CM13-0061193		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2012
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, 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 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 60-year-old female patient with a reported injury on 07/20/2012. The mechanism of injury was the result of cumulative trauma due to the patient's occupation. On 08/22/2013, the patient presented with a history of hand issues with nighttime awakening due to hand pain bilaterally and associated numbness. The patient was diagnosed with depression and anxiety. On 08/08/2013, the patient had ongoing wrist and knee symptomatology. Wrist pain was affecting activities of daily living and there was a positive Tinel's and Phalen's test, limited range of motion and the treating physician suggest carpal tunnel release. On 09/07/2012, an electrodiagnostic study revealed evidence of moderate right carpal tunnel syndrome, mild left carpal tunnel syndrome. X-rays of the bilateral hands and wrists showed no evidence of fracture, dislocation or gross bony abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Smart Gloves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Carpal Tunnel Chapter - Gel Padded Glove.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home." Request for the bilateral smart gloves is non-certified. The documentation submitted for review did not provide any past conservative care and any information to suggest medical necessity. The Official Disability Guidelines state that any DME can be used primarily and customarily for a medical purpose; however, the information provided for review did not provide any evidence for medical necessity to make a determination. As such, the request is non-certified.