

<b>Case Number:</b>	CM13-0061292		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 69-year-old female who reported an injury on 04/02/1998. The specific mechanism of injury was noted to be overuse. The patient underwent a right thumb interphalangeal joint fusion in right thumb of the 1st CMC arthroplasty. Documentation submitted for review with the requested service included the patient had ongoing residual pain in the right hand and complained of aching pain to the neck and low back. The patient indicated they had a pins and needles sensation in the bilateral legs and numbness in the feet. On a scale of 0 to 10, the patient rated the severity of the neck pain and low back pain as 5/10 and her right hand pain as 6/10. The medications were noted to alleviate the patient's pain. The physical examination of the right hand revealed tenderness on palpation. There was limited range of motion and decreased grip strength. The patient had decreased sensation over the median and ulnar nerve distribution. The patient's diagnoses were noted to include bilateral upper extremity overuse tendinopathy, status post right 1st carpometacarpal joint arthroplasty, L5-S1 disc herniation with sciatica and C5-6 and C6-7 discopathy with left-sided radiculopathy. The request was made for a smart glove for the patient to be able to perform her activities of daily living during the day. The request was made for a dynamic contrast hot/cold system to help alleviate the patient's symptomatology. Additionally, the request was made for Gabapentin/L-Carnitine 250/125 mg #81, Cartivisc 500/200/150, Omeprazole 40 mg, Diclofenac XR 100 mg, and Skelaxin 800 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Dynamic Therapy System (cold/compression) rental for 21 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Venous Thrombosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Venous Thrombosis.

**Decision rationale:** ACOEM Guidelines indicate that at-home applications of cold packs during the first few days of acute complaints are appropriate and thereafter, application of heat packs. Clinical documentation submitted for review failed to provide the necessity for a cold compression unit, as there should be application of cold packs and/or heat packs accordingly. There was lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The guidelines do not address compression or DVT therapy. As such, secondary guidelines were sought. Per Official Disability Guidelines, there is a recommendation to identify patients who are at risk for developing venous thrombosis and provide prophylactic measures such as oral anticoagulation therapy. There was lack of documentation of a risk evaluation for formation of a venous thrombosis. Given the above, the request for a dynamic therapy system cold compression rental for 21 days is not medically necessary.

**The request for half arm wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested Dynamic Therapy System was not supported by the documentation, the requested half arm wrap was also not supported.

**The request for universal therapy wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested Dynamic Therapy System was not supported by the documentation, the requested universal therapy wrap was also not supported.

**The request for universal therapy wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested Dynamic Therapy System was not supported by the documentation, the requested universal therapy wrap was also not supported.

**The request for smart glove purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Venous Thrombosis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** ACOEM Guidelines indicate initial treatment of carpal tunnel syndrome should include night splints, and day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. It was indicated the patient needed a smart glove to perform her activities of daily living; there was a lack of documentation indicating if the patient had a prior splint. The patient's injury was in 1998. Given the above, the request for a smart glove purchase is not medically necessary.