

<b>Case Number:</b>	CM14-0008203		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational Medicine 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 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 57-year-old male with a 5/27/11 date of injury after an iron brace fell on top of his left hand, injuring the dorsum of the left hand and lateral two digits. He was seen the day of injury and had an 11cm laceration repair over the dorsum of the hand extending to the tendinous and neurovascular structures, in addition to closed reduction of the little finger proximal phalanx. The diagnosis was ulnar nerve compression at the wrist and an acquired trigger finger. The patient was seen on 12/16/13 after 8 occupational therapy sessions resulting in subjective complaints of less dysesthesia but with complaints of ongoing stiffness of the left hand. Exam findings revealed hpothenar atrophy, no allodynia or tenderness was noted on exam. The request for an IMAK arthritic glove was for warmth and to desensitize the left hand. Treatment to date: physical therapy, medications, A UR decision dated 12/30/13 denied the request given medical necessity could not be established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL IMAK ARTHRITIC GLOVE, LARGE, FOR WARMTH AND TO DESENSITIZE LEFT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://osteoarthritis.about.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: <http://www.imakproducts.com>.

**Decision rationale:** CA MTUS and ODG do not address this issue. The patient had a crush injury of the left hand for which his lacerations were repaired. The patient had ongoing complaints of left hand dysesthesia, which were improving with physical therapy at the time of the request for an arthritic glove. There was no diagnosis of arthritis, nor has there been a randomized clinical trial proving an arthritic glove has been useful for warmth or desensitization of the hand, nor are there exam findings showing a diagnosis of CRPS or allodynia or tenderness. The rationale for such a request is unclear and has not been demonstrated. Therefore, the request for an IMAK arthritic glove was not medically necessary.