

Case Number:	CM14-0015905		
Date Assigned:	06/06/2014	Date of Injury:	11/26/2008
Decision Date:	07/16/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/07/2014

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 44 year-old female who has reported persistent right hand pain after falling on 11/26/2008. She has been diagnosed by the AME on 2/13/04 with right elbow cubital tunnel syndrome and right hand, fourth and fifth metacarpophalangeal joint strains. The AME noted the failure of a compression glove for the right hand. There was no diagnosis or mention of left hand problems. Treatment to date has been conservative. On 12/2/2013, the treating physician noted ongoing right elbow, wrist, hip, knee, and hand pain. Diagnoses included right cubital tunnel syndrome, and right carpal tunnel syndrome. He prescribed physical therapy, acupuncture, and a left hand compression glove. On 1/8/2014 Utilization Review non-certified a compression glove for the left hand, noting the lack of any applicable diagnosis for which compression would be indicated, the MTUS recommendations for carpal tunnel syndrome, and the prior treatment for the right side, not left.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HAND COMPRESSION GLOVE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: NCBI Pub Med: Am J Phys Med. Efficacy of compression gloves in RA; and Arthritis Care Res: Randomized controlled trial of compression gloves in RA.

Decision rationale: The treating physician has prescribed a compression glove for the left hand, when all the medical reports address ongoing symptoms in the right hand. The treating physician did not describe any signs or symptoms in the left hand. The specific indications, if any, for a left hand glove are not clear in light of specific signs, symptoms, or diagnoses. The diagnoses listed by the treating physician in this case are right-sided cubital tunnel syndrome and carpal tunnel syndrome. Assuming that these diagnoses exist, the ACOEM Guidelines has specific recommendations for treatment of these conditions. Among the optional treatments, compression gloves are not listed. There is no apparent indication for a glove for the hand, when both carpal tunnel syndrome and cubital tunnel syndrome are not indicative of pathology in the hand. A compression glove may be indicated for a condition like inflammatory arthritis, per the cited guideline above, but that kind of condition is not present. Given that the ACOEM Guidelines does not recommend gloves to treat the stated diagnoses, the lack of any clinical information about the left hand, and the lack of any specific indications provided by the treating physician, the compression glove is not medically necessary.