

<b>Case Number:</b>	CM14-0153567		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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:

Patient is a 50 year-old female with date of injury 07/11/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2014, lists subjective complaints as pain in the left index finger and distal palmar region. PR-2 supplied for review was hand-written and illegible. Objective findings: Examination of the left hand revealed swelling and slight tenderness of the left index distal interphalangeal joint. Range of motion was restricted with pain. Patient was passively able to extend fully. Sensation was decreased at the left thumb and ring finger. Carpal compression test was positive. Tinel's was positive. Diagnosis: 1. Cervical strain/sprain 2. Bilateral shoulder strain/sprain 3. Epicondylitis, lateral left 4. Tenosynovitis, left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Isotoner glove for the left hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (updated 8/8/14), Lymphedema pumps; and the Official Disability Guidelines, Knee and Leg (updated 8/25/14), Compression garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including:-There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; -There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; -The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles.The medical record fails to document or substantiate the above criteria. Isotoner glove for the left hand is not medically necessary.