

<b>Case Number:</b>	CM14-0023002		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine, 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:

The injured worker is a 48-year-old female whose date of injury is 01/05/2010. The mechanism of injury was not specified in clinical documentation. A progress report dated 12/18/13 indicates that she is working regular duties. She is wearing a sleep apnea machine to help her sleep. She is not attending therapy. She was recommended to utilize IMAK gloves (ergonomic gloves with gel padding in the wrist) and a transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMAK gloves bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The development and evaluation of an ergonomic glove. <http://www.ncbi.nlm.nih.gov/pubmed/10693835>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Splints.

**Decision rationale:** Based on the clinical information provided, the request for IMAK gloves for bilateral hands is not recommended as medically necessary. There is no current, detailed physical examination submitted for review. There is no support for these gloves in California

MTUS guidelines, ACOEM Practice Guidelines, or the Official Disability Guidelines (ODG). There is no clear rationale provided to support the request. Given the above, the request is not certified.

**Rental TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for rental of transcutaneous electrical nerve stimulation (TENS) unit is not recommended as medically necessary. There is insufficient clinical information provided to support this request. The body part to be treated is not documented. The frequency and duration of treatment is not documented. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CA MTUS guidelines. Given the above, the request is not certified.