

Case Number:	CM14-0199823		
Date Assigned:	12/11/2014	Date of Injury:	03/12/1996
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female with a date of injury as 03/12/1996. The cause of the injury was not included in the documentation received. The current diagnoses include stable chronic bilateral carpal tunnel syndrome. Previous treatments include topical gel, and bilateral wrist splints. Primary treating physician's reports dated 06/20/2012, 08/28/2012, 08/28/2013, and 08/05/2014 were included in the documentation submitted for review. Report dated 08/05/2014 noted that the injured worker presented with complaints that included stiffness and tightness with intermittent numbness and tingling in her hands. The injured worker also had complaints of weakness in grip strength. Physical examination revealed irritability with palpation of the median nerve over the carpal tunnel ligament bilaterally, and positive Tinel's sign. It was further documented that the injured worker feels restricted when using her wrist splints at work. The treating physician felt that the requested item would be less restrictive and more capable of using while at work. The injured worker is permanent & stationary/regular duty. The utilization review performed on 11/18/2014 non-certified a prescription for 1 IMAK computer glove based on lack of scientific evidence to support its role in carpel tunnel syndrome management. The reviewer referenced the California MTUS, Official Disability Guidelines and the National Guidelines Clearinghouse in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

IMAK computer glove: Overturned

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

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

Decision rationale: When there is a diagnosis of Carpal Tunnel Syndrome, MTUS Guidelines allow for daytime splinting for comfort. The IMAK computer glove is a soft wrist splint with a cost of about \$20.00. Its use/trial is consistent with Guidelines as it may allow for increased comfort vs. the prior splint that was utilized. The IMAK computer glove is consistent with Guidelines and is medically necessary.