

Case Number:	CM15-0136919		
Date Assigned:	07/24/2015	Date of Injury:	01/15/1997
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female who sustained a cumulative industrial injury on 01/15/1997. The injured worker was diagnosed with cervical intervertebral disc degeneration, post-cervical laminectomy syndrome and left carpal tunnel syndrome. The injured worker is status post C5-6 anterior cervical discectomy and fusion in 1998. Treatment to date has included diagnostic testing with electrodiagnostic studies in January 2015, surgery, left L5-6 transforaminal epidural steroid injection (ESI) on May 21, 2015, left shoulder injections, physical therapy, wrist splint and medications. According to the primary treating physician's progress report on June 5, 2015, the injured worker continues to experience neck pain radiating to both shoulder girdles and left arm with bilateral paresthesias from the elbows to the hands encompassing the thumb, index and middle fingers. The injured worker rates her pain level at 7/10. Examination demonstrated tenderness along the paravertebral areas with range of motion documented as flexion at 50 degrees with pain radiating out to the shoulder girdle, extension at 40 degrees with pain to the shoulder girdle, right rotation at 80 degrees and left rotation at 60 degrees with neck and shoulder pain radiating to the upper arm. Sensation was decreased in the left thumb, index and middle fingers and along the left radial and ulnar aspects of the forearm. Motor testing revealed 4/5 with left elbow extension and left wrist flexion. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. Spurling's maneuver was positive to the left reproducing symptoms to the upper arm. Left wrist was positive for Tinel's and Phalen's. Current medications are listed as Tramadol 50mg, Lyrica and Tylenol 500mg. Treatment plan consists of consultation for left carpal tunnel syndrome, surgical intervention and the current request for compression glove post-operatively for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression glove, post-operative for the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpel Tunnel Syndrome, Gel-padded Glove.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Gel-padded glove.

Decision rationale: Regarding the request for gel padded glove, California MTUS and ACOEM do not contain criteria for this request. ODG states that gel-padded glove is not recommended, as there is no literature support for its use. Within the documentation available for review, no peer-reviewed scientific literature has been provided supporting this treatment for this patient's diagnoses. As such, the currently requested compression glove is not medically necessary.