

Case Number:	CM15-0234960		
Date Assigned:	12/10/2015	Date of Injury:	07/14/2014
Decision Date:	01/20/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	12/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 23 year old female who sustained an industrial injury on 07-14-2014. Medical records (11-04-2014, 11-06-2015) indicated the worker was treated for bilateral wrist strain. In the provider notes, the injured worker complains of wrist pain, numbness and tingling both hands and wrists. She also has pain in the elbows and forearms and numbness-tingling down the arms into the hands. Nocturnal symptoms awaken her. Objective findings included a negative Tinel's at the elbow and wrist, negative Phalen's, with no subluxation of the ulnar nerve. She had positive tenderness in the 1st dorsal compartment right greater than left, positive Finkelstein on the right and negative on the left. Treatment has included right wrist carpal tunnel injection (no benefit). Injection first dorsal compartment gave temporary benefit. She also has had physical therapy (12 sessions without benefit), acupuncture (which provided temporary relief), splints and medication. Electromyogram/ Nerve conduction velocity studies were reported in the notes of 02-27-2015 as negative. The worker is temporarily partially disabled (10-05-2015). A request for authorization was submitted for: 1. Surgical consultation for bilateral wrists / hands, 2. Smart gloves for bilateral hands, 3. Naproxen 500mg #60. A utilization review decision 11-02-2015 approved: Surgical consultation for bilateral wrists/ hands, Naproxen 500mg #60, and denied: Smart gloves for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Smart gloves for bilateral hands: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Splinting for carpal tunnel syndrome. Page MJ, Massy-Westropp N, O'Connor D, Pitt V. Cochrane Database Syst Rev. 2012;7:CD010003.

Decision rationale: The MTUS and ODG guidelines do not discuss the use of smart gloves. Other guidelines were used. The most recent Cochrane review states that "Overall, there is limited evidence that a splint worn at night is more effective than no treatment in the short term, but there is insufficient evidence regarding the effectiveness and safety of one splint design or wearing regimen over others, and of splint over other non-surgical interventions for CTS. More research is needed on the long-term effects of this intervention for CTS." There are no recommendations for the use of gloves. As such, the request for Smart gloves for bilateral hands is not medically necessary.