

Case Number:	CM14-0125156		
Date Assigned:	09/16/2014	Date of Injury:	08/17/2012
Decision Date:	10/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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:

This injured worker is a 60-year-old female with a reported date of injury of August 17, 2012. The mechanism of injury was recorded as repetitive upper extremity activities while working as an executive secretary. The stated diagnosis was bilateral carpal tunnel syndrome. A physician's progress report, dated June 10, 2014, indicated that the injured worker reported bilateral upper extremity discomfort and numbness after carpal tunnel release, with ongoing swelling. She stated the numbness was predominately in the volar aspect of her wrists in the area of her carpal tunnel releases. She was not experiencing numbness in her digits. Physical examination noted swelling predominantly in the radial aspect of the hand. The injured worker reports some improvement with therapy exercises. The treating physician refilled prescriptions for Naproxen and Amitriptyline and continued her previous work. A prior utilization review on July 28, 2014 did not authorize palm rest supports and Thermoskin gloves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Palm rest supports & Thermoskin Gloves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website ergo.human.cornell.edu/cumousetips.html

Decision rationale: Wrist rests (sometimes called palm supports) double the pressure in the carpal tunnel. They would therefore exacerbate rather than prevent carpal tunnel syndrome. There is no quality evidence regarding the effectiveness of Thermoskin gloves. These requests are therefore not supported by quality evidence of effectiveness. Medical necessity has not been established.