

<b>Case Number:</b>	CM14-0125254		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 58 year old female with an injury date of 05/25/12. The patient presents with soreness in the right wrist and swelling in the right hand. Examination reveals significant swelling into the hand and digits. The right hand is significantly weaker than the left. The patient's diagnosis is status post right wrist fusion (04/23/14). The utilization review being challenged is dated 07/07/14. Treatment reports have been provided from 01/16/14 to 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Isotoner compression glove S/P wrist fusion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee-Leg.

**Decision rationale:** The patient presents with soreness in the right wrist and significant swelling in the right hand and digits post 04/23/14 right wrist fusion. The treater requests for Isotoner compression gloves for edema management. MTUS chronic pain and post surgical guidelines

and ODG forearm, wrist and hand guidelines do not reference Isotoner gloves, compression gloves or compression garments. Compression garments are supported for edema of the extremity due to lymphatic problems, however. Given the patient's persistent swelling problems of the hand/wrist following fusion surgery, use of compression glove appear reasonable. Recommendation is for authorization.