

<b>Case Number:</b>	CM14-0142586		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/24/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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:

There were 65 pages provided for this review. The application for independent medical review was signed on September 2, 2014. The request was for carpal tunnel gloves for both wrists for purchase/replacement E1399 times one, and a cold pack for the right shoulder for purchase/replacement E1399 times one. Per the records provided, the patient complained of lower back pain radiating to the lower extremities. There were muscle spasms in the bilateral back, shoulders and forearm. He has left elbow pain from an epicondylitis. There are also complaints of numbness around the bilateral buttocks and there were bilateral wrist symptoms. There was no comprehensive clinical evaluation of the wrist and shoulder by the treating doctor that addresses the proposed durable medical equipment. The records submitted for review also did not contain specific objective findings suggestive of carpal tunnel syndrome and subacromial sub deltoid tendinosis\bursitis to warrant the use of the durable medical equipment. The necessity for the equipment therefore was not established. The patient reported that the requested equipment was replaced the year prior and it has worn down and again needs replacement. It is not clear what functional good the DME is doing however. The claimant or requesting physician did not delve into additional details. The patient is seen about every other month. As of 5-14-14, the patient was pretty stable at that time. The injured worker complained of low back pain that was stabbing, electric, burning and throbbing. He had an MRI of the right elbow that showed a partial tear versus tendinosis of the biceps at the radial insertion and mild sprain of the ulnar collateral ligament. On exam, there is numbness, tingling and spasm and tenderness to the bilateral lower extremities. There is positive straight leg raising is L5-S1 distribution. The request is for cold pack for the right shoulder and carpal tunnel gloves for both wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal Tunnel Gloves for the Bilateral Wrist - Purchase/Replace x1: 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 ACOEM), 2nd Edition, (2004) Chapter 11 for the Forearm, Wrist and Hand note, page 265

**Decision rationale:** The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, page 265 The only guidance regarding physical constraints around the wrist are: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Gloves simply would not be the support of a neutral wrist splint. Plus, they have appeared to have been used long term, and there was no documentation in the record of objective functional improvement out of their use. The request for replacement is appropriately non-certified.

**Cold Pack for the Right Shoulder - Purchase/Replace x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes:

**Decision rationale:** This durable medical equipment item is a device to administer regulated cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer cold modalities; the guides note it is something a claimant can do at home with simple home cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.