

<b>Case Number:</b>	CM14-0180894		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/17/1998
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 is licensed to practice in New Jersey. 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 injured worker is a 64-year-old female. The date of injury was 06/17/1998. The mechanism of injury is not included in the medical document. Her relevant diagnoses were bilateral carpal tunnel syndrome, status post left long finger trigger finger release, and right index trigger finger. Her past treatments have included 12 acupuncture treatments. Her pertinent diagnostic studies are not included in the medical record. Her surgical history included a left long finger trigger finger release, date unknown. On 08/15/2014, she had complaints of shoulder pain rated at a 9/10, right wrist pain rated at 10/10, left wrist pain rated at 9/10, left knee pain rated 9/10, and right ankle pain rated at 9/10. Physical exam findings of 08/15/2014 state there is positive Tinel's test and a positive Phalen's test. Point tenderness is noted about the bilateral wrists and upper extremities. Elbow motion was 5 degrees to 120 degrees with pronation and supination to 60 degrees each bilaterally. Wrist flexion is at 40 degrees and extension is at 40 degrees. Ulnar deviation to 30 degrees and radial deviation to 30 degrees bilaterally. The medication list includes Naprosyn. The treatment plan includes bilateral smart gloves for carpal tunnel, an ergonomic chair, and Naprosyn. The rationale for the request is not included in the medical record. The Request for Authorization form is not included in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Smart Gloves:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-263. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, INSERT BODY PART AND PROCEDURE/TOPIC HERE.

**Decision rationale:** The request for bilateral smart gloves is not medically necessary. The injured worker has a history of carpal tunnel syndrome bilaterally, right index finger trigger finger, and is status post left long finger trigger finger release. The California MTUS/ACOEM Guidelines state scientific evidence supports the use of neutral wrist splints. Depending on the activity, splinting should be used at night, although they may be used during the day if the activity warrants it. Scientific evidence supports the use of neutral wrist splints. There is no indication in the documentation as to the position the gloves hold the wrist in or if they are intended for use at night or during the day. Given the intent of the use of the glove is unclear in the documentation, the request for bilateral smart gloves is not medically necessary.

**Ergonomic chair with high back/head rest with adjustable cervical and lumbar supports and armrests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Forearm, Wrist and Hand Chapter; Ergonomic interventions

**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, Ergonomic Interventions

**Decision rationale:** The request for ergonomic chair with high back/head rest with adjustable cervical and lumbar supports and armrests is not medically necessary. The injured worker has been diagnosed with bilateral carpal tunnel syndrome, right index finger trigger finger, and is status post left long finger trigger finger release. The Official Disability Guidelines state that ergonomic interventions for carpal tunnel syndrome are understudy. Several studies suggest that multicomponent ergonomic programs, alternative keyboard supports, and mouse and tool redesign may be beneficial. None of the studies conclusively demonstrate that the interventions will result in prevention of carpal tunnel syndrome. The guidelines indicate there is some positive evidence regarding the effective ergonomic keyboards on pain relief and hand function. The guidelines do not indicate any intervention with an ergonomic chair for carpal tunnel syndrome. Therefore, the request is not medically necessary.