

<b>Case Number:</b>	CM15-0075072		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 52 year old female, who sustained an industrial injury on 05/20/2013. The initial complaints or symptoms included left elbow pain. The injured worker was diagnosed as having left elbow sprain and left elbow contusion. Treatment to date has included conservative care, medications, MRIs, x-rays, electrodiagnostic testing, and conservative therapies. Currently, the injured worker complains of constant mild achy pain to the left elbow, left wrist, and left hand despite current chiropractic treatment and medications. The diagnoses include left elbow strain/sprain, left carpal tunnel syndrome, left wrist internal derangement, and left hand tenosynovitis. The request for authorization consisted of compression glove.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression glove:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.healthline.com](http://www.healthline.com) - Osteoarthritis.

**Decision rationale:** The requested Compression glove is not medically necessary. CA MTUS and ODG are silent on this issue. [www.healthline.com](http://www.healthline.com). Osteoarthritis recommend a compression glove for osteoarthritis of the hand. The injured worker has constant mild achy pain to the left elbow, left wrist, and left hand despite current chiropractic treatment and medications. The treating physician has not documented exam evidence of swelling to the hand or evidence of osteoarthritis. The criteria noted above not having been met, Compression glove is not medically necessary.