

Case Number:	CM13-0013790		
Date Assigned:	10/01/2013	Date of Injury:	02/07/2012
Decision Date:	02/07/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 45-year-old female who was injured on 02/07/12. The specific request in this case in regard to postoperative use of a sling. The records indicate a 06/05/13 operative report indicating the claimant underwent an exploration of the carpal tunnel with excision of synovial joint cyst and decompression of the carpal tunnel under IV regional block. At time of surgical process, the claimant was fitting with a right arm sling for purchase. The specific request in this case is regard to the sling that was utilized following the claimant's carpal tunnel procedure of 06/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of a right arm sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11.

Decision rationale: The MTUS/ACOEM Guidelines indicate that splinting is recommended as a first-line conservative treatment for carpal tunnel syndrome. The Official Disability Guidelines

indicate that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). While the claimant has noted to have undergone a carpal tunnel release procedure, the postoperative use of a sling would not be indicated. There is no evidence indicating the claimant's inability to perform function with use of postoperative bandage alone. There is no documentation of need for immobility of the upper extremity. The use of a sling in this case would not be supported as medically necessary.