

Case Number:	CM13-0020458		
Date Assigned:	10/11/2013	Date of Injury:	01/08/2010
Decision Date:	02/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist and shoulder pain reportedly associated with an industrial injury of January 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; unspecified amounts of chiropractic treatment and acupuncture; and extensive periods of time off of work. The applicant has also filed claims for derivative psychological issues, including depression. In a utilization review report of August 16, 2013, the claims administrator denied a request for a pro-sling abduction pillow for postoperative use purposes, seemingly citing guidelines from the ACOEM wrist chapter as well as the ODG wrist chapter. The applicant's attorney later appealed. On August 22, 2013, the attending provider removed sutures following carpal tunnel release surgery. The applicant was again placed off of work, on total temporary disability. A carpal tunnel release surgery operative report of August 2, 2013 is noted and reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Pro Sling with abduction pillow for post operative use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Postoperative Abduction Pillow Sling

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic of postoperative shoulder abduction slings. As noted in the ODG, shoulder chapter postoperative abduction pillow sling topic, said slings can be employed as an option following open repair of larger massive rotator cuff repair. In this case, however, there is no indication or evidence that the applicant has undergone and/or is set to undergo a massive open rotator cuff repair surgery for which a postoperative abduction sling would be indicated. Rather, all of the information on file suggests that the applicant recently underwent a carpal tunnel surgery. Therefore, the original utilization review decision is upheld. The request is not certified, on independent medical review.