

Case Number:	CM13-0035094		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2008
Decision Date:	02/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55 year old male who reported an injury on 12/03/2008. The mechanism of injury was stated to be the patient fell on their elbow. The patient was noted to undergo a left cubital tunnel release on 09/20/2013. The patient's diagnosis was noted to be medial epicondylitis. The request was made for a pro-sling purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of pro-sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that a patient could have a brief use of a sling for severe shoulder pain; however, as the patient's injury was noted to be for the elbow. The patient was noted to undergo a left cubital tunnel release. It was indicated the patient was to wear the sling for 3 - 6 weeks. However, there was a lack of documentation indicating the rationale for the use of the sling. Given the above, the request for Purchase of pro-sling is not medically necessary.

