

<b>Case Number:</b>	CM13-0064261		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Family Medicine, and is licensed to practice in Utah. 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 63 year old male. The patient's date of injury is March 1, 2012 stated. The mechanism of injury of the wrist was unclear according to the clinical documents. Clinical documents state that the patient reports bilateral pain in the wrist and hands, left shoulder, and right knee. The patient has been diagnosed with a sprain of the wrist, carpal tunnel syndrome bilaterally, bursitis of the wrist. The patient's treatments include a home exercise course. The physical exam findings show reflexes of upper extremities within normal limits, 3+ spasm and tenderness to the bilateral wrist flexor and extensor muscles. Tinel's testing was positive. Bracelet test was positive bilaterally. Phalen's testing was negative. The request is for a Sling right wrist L3670 for purchase

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Sling right wrist L3670 for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Site Immobilization

**Decision rationale:** Official Disability Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Sling right wrist L3670 for purchase. Official Disability Guidelines state the following: Immobilization is not recommended as the primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work, decreased pain, decreased swelling and stiffness and a greater preserved range of motion, with no increased complications (Nash, 2004). There are no specific guidelines to wearing a sling post-operatively. According to the clinical documentation provided and current MTUS guidelines; Sling right wrist L3670 for purchase is not indicated a medical necessity to the patient at this time.