

Case Number:	CM14-0002956		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2013
Decision Date:	08/04/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/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 injured worker is a 58 year old male who sustained a work related injury on 04/26/13. He and his coworker were unloading a steel platform walker that weighed approximately 80 pounds from the company truck. As the injured worker lowered the steel walker halfway down from the truck, he felt severe painful pulling sensation to his neck, right shoulder and low back. The injured worker felt dizziness and severe pain in his neck, right shoulder, and low back. He developed numbness and burning pain in his right wrist, hand, thumb, second and third fingers. He was seen at the company clinic, x-rays taken, and provided medication. Treatment included physical therapy, trigger point injections, pain medication, non-steroidal anti-inflammatory drugs which caused gastrointestinal upset. The injured worker underwent a right carpal tunnel release on 12/17/13. Electromyogram/nerve conduction velocity were conducted on 06/28/13 and showed evidence of mild bilateral carpal tunnel syndrome. Right shoulder magnetic resonance image (MRI) dated 07/03/13 showed partial thickness tearing and tendinopathy at the junction of the supraspinatus and infraspinatus tendons. There was also some partial thickness rim tear involving the anterior insertional fibers of the supraspinatus tendon. Small fluid in the subacromial subdeltoid bursa consistent with mild bursitis. Lumbar and cervical MRIs dated 07/03/13 showed multilevel degenerative changes. Physical examination on 10/30/13, injured worker continued to complain of pain referable to the right wrist with numbness and tingling in the right thumb, index finger, and middle finger. Right wrist demonstrated 1cm of forearm atrophy, tenderness about the carpal tunnel. Phalen sign was present. Tinel sign at the media nerve present. Tinel sign at the ulnar nerve was present, 4/5 strength, and decreased sensation about the thumb, index, and long finger. He was diagnosed with right wrist persistent carpal tunnel syndrome. Progress report on 12/09/13 patient complained of pain, stiffness weakness and numbness to the lumbar spine, right shoulder and right wrist. Positive Tinel and Phalen

tests. In reviewing the clinical documentation there were no Visual Analog Scale pain scales, with and without medication. No clinical documentation of functional improvement. He did however have urine drug screen, which were consistent with medication prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative ultra sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 204, 264, 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The request for postoperative Ultra sling is not medically necessary. The clinical documentation submitted does not support the request for the sling. The injured worker underwent a right carpal tunnel release on 12/17/13. A sling may be warranted for acromioclavicular joint strain or separation, or acute pain in patients with rotator cuff tear. Therefore medical necessity has not been established.