MAXIMUS Federal Services

| Case Number: | CM14-0003163 | | |
|---|---|---|---|
| Date Assigned: | 01/31/2014 | Date of Injury: | 07/07/2005 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

## 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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 52-year-old male who reported an injury on 7/7/05 due to an unknown mechanism. The injured worker had complaints of significant pain in both knees, especially the right as compared to the left, with locking. He also had complaints of spasming on the left side of his mid to lower back region. The injured worker had a physical examination dated 10/14/13, which revealed a negative Spurling's test. Range of motion for the cervical spine was extension to 30 degrees with flexion from chin to chest normal. Examination of the lumbar spine revealed positive muscle spasming in the paralumbar musculature. The bilateral lower extremities were positive on straight leg raise testing. The right shoulder was noted to have a positive Neer's test and a positive Hawkins test. Positive greater tuberosity tenderness was noted. The right elbow revealed positive tenderness over the medial epicondyle and positive tenderness over the lateral epicondyle. There was positive pain with resisted wrist flexion, positive pain with resisted long finger extension and a positive Tinel's to the cubital tunnel. Medications for the injured worker were noted to include diclofenac XR 100 mg, tramadol ER 150 mg, omeprazole 20 mg, ondansetron 4 mg, and cyclobenzaprine 7.5 mg as needed. Diagnostic studies were not submitted for review. The diagnoses for the injured worker were right cubital and carpal tunnel syndrome and medial epicondylitis. The injured worker was status post a left elbow medial epicondylectomy and cubital tunnel release as well as status meniscectomy and status post a left shoulder arthroscopy, subacromial post left knee decompression, and AC joint resection. The injured worker was also status post a left carpal tunnel release, right shoulder AC joint arthrosis, impingement syndrome, and a left ankle sprain. Additionally the injured worker had a right knee medial meniscus tear, radiculitis of the right lower extremity, low back pain, multilevel herniated disc, and an annular tear. The treatment plan was for the injured worker to continue on the medications as prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** The request submitted does not indicate where or how the Pro-Sling is to be used or whether it is to be used, rented or purchased. The California MTUS/ACOEM guidelines recommend rest and immobilization; the use of a sling should be brief for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. The California MTUS/ACOEM Guidelines recommend three weeks of use or less of the sling after an initial shoulder dislocation and reduction. Prolonged use of a sling is only for symptom control. The medical necessity for this request was not reported. Diagnostic studies and physical therapy reports were not submitted for review. Therefore, the request is not medically necessary.