

Case Number:	CM14-0011805		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2008
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, left shoulder pain, and left upper extremity pain reportedly associated with an industrial injury of July 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple rotator cuff repair surgeries in 2009 and 2012; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of January 13, 2014, the claims administrator denied a request for a compressive sleeve about the left upper extremity. The claims administrator stated that the attending provider's documentation was lacking and further noted that only the applicant's left shoulder had been accepted as compensable while other body parts, such as the elbow, have not been accepted as compensable. In its utilization review denial, the claims administrator referenced a December 23, 2013 progress note. A June 30, 2013 mental health note was notable for comments that the applicant had developed major depressive disorder (MDD) with a resultant Global Assessment of Functioning (GAF) 55. In a report dated July 5, 2013, the applicant's secondary treating provider, a rheumatologist, noted that the applicant was off of work, on total temporary disability. A July 15, 2013 progress note was notable for comments that the applicant carried diagnoses of neck pain, shoulder pain status post three shoulder surgeries, shoulder adhesive capsulitis, chronic wrist pain, psychological distress, and gastrointestinal complaints. The applicant was given an 8% whole-person impairment rating, along with permanent work restrictions. A December 23, 2013 progress note was again notable for comments that the applicant reported persistent neck pain, shoulder pain, upper extremity tendonitis, and shoulder adhesive capsulitis. It was stated that it was not certain whether the applicant's symptoms about the left arm were radicular in nature or a function of tendonitis. A Medrol Dosepak, Naprosyn, physical therapy, and electrodiagnostic testing were endorsed. The

applicant did have pain about the biceps tendon. A neoprene or compressive sleeve was endorsed for the left upper extremity while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPRESSION / SUPPORTIVE SLEEVE UPPER LEFT EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM) Chronic Pain Medical Treatment Guidelines , 2nd Edition, (2004,

Decision rationale: While page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of compressive sleeves or equivalents as a means of edema control for applicants with chronic regional pain syndrome, in this case, there is no evidence that the applicant in fact carries a diagnosis of complex regional pain syndrome for which a compressive sleeve would be indicated. The attending provide has not clearly stated precisely which body part he intends the compressive to be employed upon. While the 2007 ACOEM Guidelines Elbow Complaints Chapter, Table 4, page 41, does endorse wrist splinting for epicondylalgia, elbow splinting for ulnar neuropathy, and epicondylalgia supports for epicondylalgia, in this case, again, no clear diagnosis was provided. It was not clearly stated which body part or body parts the attending provider intended the compressive sleeve to be worn upon. No clear rationale for the device was proffered. Therefore, the request is not medically necessary.