

Case Number:	CM14-0012314		
Date Assigned:	02/21/2014	Date of Injury:	04/23/2012
Decision Date:	08/06/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery 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 patient is a 40-year-old female who has submitted a claim for chronic left shoulder strain with impingement, chronic left elbow strain with ulnar nerve paresis, chronic left wrist pain with carpal tunnel syndrome s/p carpal tunnel surgery, cephalgia, chronic cervical strain, compensatory right wrist strain, sleep problems and stress, anxiety and depression associated with an industrial injury date of 4/23/2012. Medical records from 2013 revealed diminished pain in her left hand after the carpal tunnel release. Physical examination of the cervical spine showed no tenderness and muscle spasm present. Range of motion was within normal limits. Shoulder examination showed range of motion within normal limits. No tenderness noted. Impingement and apprehension signs were negative. Wrist and hand examinations showed range of motion within normal limits. Tinel's sign was positive on the left. Phalen's test was negative bilaterally. Treatment to date has included carpal tunnel release and physical therapy. Medications taken include, Ultram and Prilosec. Utilization review from 1/15/2014 denied the request for UltraSling because based on treatment guidelines; an UltraSling or abduction pillow is only supported following repair of a massive rotator cuff tear. The patient does not have any significant injury to the shoulder that necessitates an UltraSling.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ULTRASLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Sling.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Shoulder Chapter, was used instead. The Official Disability Guidelines (ODG) recommends sling/abduction pillow as an option following open repair of large and massive rotator cuff tears. In this case, patient did not have massive rotator cuff tear. There is no compelling rationale that would warrant the need for postoperative sling. Guidelines are not met for the purchase of Ultra Sling. Therefore, the request for purchase of UltraSling is not medically necessary.