

Case Number:	CM14-0166596		
Date Assigned:	10/13/2014	Date of Injury:	09/15/2011
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 43-year-old female who injured her bilateral wrists, index finger, thumb, and hand on 9/15/11. She had bilateral upper extremity pain for several years prior to the date of injury. Electrodiagnostic testing showed early carpal tunnel syndrome. She was diagnosed with carpal tunnel syndrome, shoulder sprains, medial and lateral epicondylitis, wrist arthralgia, flexor/extensor myofasciitis, complex regional pain syndrome in both hands and wrist. She had left carpal tunnel release on 1/12/12 and right carpal tunnel release on 7/17/12. Her medications included Lyrica, Voltaren, and Flector patch. She had physical and occupational hand therapy, steroid injections. She also participated in a functional restoration program that improved strength and function of her shoulder. The current request is for a shoulder pulley to provide "assistance when performing range of motion and stretching exercises."

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Pulley with door attachment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder (Acute & Chronic) Mechanical traction.

Decision rationale: There are no MTUS guidelines regarding the use of a shoulder pulley. ODG medical guidelines do not recommend the use of manual traction for the shoulder. There is a lack of evidence regarding efficacy. The patient has had major improvement in pain, range of motion, and functional status with the functional restoration program. She has had extensive physical therapy and with medication management, she is improving. Therefore, the shoulder pulley is not indicated and is not medically necessary.