

Case Number:	CM14-0023458		
Date Assigned:	05/14/2014	Date of Injury:	04/01/2007
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Hand 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 65-year-old female who reported an injury on 04/01/2007. The mechanism of injury was not stated. Current diagnoses include discogenic cervical condition, impingement syndrome bilaterally, carpal tunnel syndrome bilaterally, status post decompression on the right, CMC joint inflammation, depression, sleep disturbance, weight gain, and GI irritation. The injured worker was evaluated on 01/15/2014 with complaints of persistent weakness and numbness in the bilateral wrists. Previous conservative treatment includes chiropractic therapy and splinting. Physical examination revealed tenderness along the base of the thumb, tenderness along the rotator cuff, and negative impingement syndrome. Treatment recommendations included an abrasion arthroplasty and a subacromial decompression of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

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

Decision rationale: The Official Disability Guidelines state splinting is recommended for treating displaced fractures. Immobilization is standard for fracture healing, although patient satisfaction is higher with splinting rather than casting. As per the documentation submitted for this review, the injured worker was pending authorization for an abrasion arthroplasty of the wrist. There is no indication that this injured worker's surgical procedure has been authorized. As such, the current request for postoperative durable medical equipment is also not medically necessary at this time. As such, the prospective request for 1 sling is not medically necessary.