

Case Number:	CM14-0023832		
Date Assigned:	06/16/2014	Date of Injury:	08/30/2012
Decision Date:	08/12/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 with a reported date of injury on 08/30/2012. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include tenosynovitis of hand and wrist, shoulder impingement, shoulder labrum tear, de Quervain's syndrome, and carpal tunnel syndrome. Her previous treatments were noted to include surgery, medications, work restrictions, and physical therapy. An MR arthrogram performed on 11/12/2013 revealed no rotator cuff tear was present. An MRI performed 11/13/2013 revealed mild hypertrophic changes at the acromioclavicular joint and mild tendonitis of the rotator cuff without a tear. A progress note dated 02/21/2014 revealed the injured worker complained of constant, moderate neck pain described as sharp, pulling, and radiating, increased by lifting and reaching. The injured worker also complained of constant, severe bilateral shoulder pain described as sharp, numb, and burning and swollen, increased by lifting, carrying, and reaching. The injured worker complained of frequent, severe bilateral hand pain described as sharp and tingling, increased by gripping and carrying. The physical examination revealed a postoperative incision to the right wrist healing. The Request for Authorization Form was not submitted within the medical records. The request is for a durable medical equipment Pro Sling purchase; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) PRO-SLING PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for a durable medical equipment Pro Sling purchase is not medically necessary. The ACOEM Guidelines recommend a sling for a rotator cuff tear or an acromioclavicular joint strain or separation. There is a lack of documentation regarding a rotator cuff tear or an acromioclavicular joint sprain/strain or separation. Additionally, the documentation provided did not indicate a sling was necessary. Therefore, the request is not medically necessary.