MAXIMUS Federal Services

Case Number:	CM14-0064615		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2012
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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, 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 injured worker is a 30-year-old male who reported an injury after he tripped and fell 06/11/2012. The clinical note dated 01/21/2014 indicated diagnosis of wrist pain. The injured worker reported left wrist pain. He reported discomfort over the dorsal wrist with forceful gripping and lifting. On physical examination of the left wrist there was tenderness to palpation elicited over the ulnar side and dorsal surface. The injured worker's muscle strength was 4/5 with extension, 4/5 flexor and 4/5 grip. The injured worker had full passive range of motion. The injured worker's pain level was 4/10. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Motrin and Vicodin. The provider submitted a request for retrospective shoulder immobilizer/sling. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Shoulder Immob/Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter : Shoulder Immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: The California MTUS/ACOEM guidelines state the brief use of a sling for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction. Same for AC separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for a shoulder injury or the injured worker had a dislocated shoulder or a rotator cuff condition. Therefore, the request for retrospective shoulder immobilization/sling is not medically necessary.