

<b>Case Number:</b>	CM14-0203439		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine and is licensed to practice in 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:

This patient, a 23 year old man, states he was injured 11/1/2012 when he fell at work, fracturing his left wrist, a distal radial (impaction of fracture fragments and angulation of distal fragment) and ulnar styloid fracture, as well as foreign bodies in the palm. He had an ORIF of the distal radial fracture on 11/7/12. He had post-op physical therapy. With continued left wrist complaints, he had an MR-arthrogram on 4/30/14, showing a TFCC tear, a tear of the left lunotriquetral ligament and tear of the left scapholunate ligament with dorsal intercalated segment instability. He also underwent surgery 6/2/2014 for carpal tunnel syndrome, with tenosynovial proliferation, left volar distal radius osteophyte/ bony spur and left scapholunate interosseous ligament tear . He had a left carpal tunnel release, flexor tenosynovectomy, distal radius osteophyte removal, left ulnar styloid fracture fragment removal, arthroscopy with synovectomy and scapholunate interosessesous ligament repair, and flexor carpal radialis tendon transfer. As of the 11/17/14 note from his surgeon, he was instructed to gradually increase the use of his left hand as tolerated, and to avoid any strenuous activity, which has exacerbated his left wrist complaints. He had recently been treated for deQuervain's with NSAID, spica splinting and steroid injection, with good result. The plan was for discharge in 2-3 months. He is appealing the 11/24/14 denial of a shoulder immobilizer/sling with a loam strap. There is no mention of the use of a splint as part of his treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Purchase of A Shoulder Immobilizer/Sling with Loam Strap, XL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment/ Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints Page(s): 204-205; 16-17.

**Decision rationale:** The ACOEM guidelines portion of the MTUS state that a sling can be used for acute pain due to rotator cuff tear. It may also be used for AC separation for comfort. Radial head fractures and other elbow complaints can be treated with a sling initially as well. There is not an indication for wrist pain in the MTUS. There is no clear explanation in the file for why the sling is required, when the surgeon indicates that the patient should be using his left hand more (not immobilizing it or any part of the upper extremity). There is no medical necessity for the sling. The denial is upheld.