

Case Number:	CM15-0101989		
Date Assigned:	06/04/2015	Date of Injury:	08/20/2014
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on August 8, 2014. Treatment to date has included carpal tunnel decompression of the right wrist on February 18, 2015, physical therapy, and acupuncture therapy. Currently, the injured worker complains of ongoing pain and stiffness to the neck radiating into her right shoulder, arm and hand. She reports persistent and increasing pain and stiffness in the right shoulder and the right elbow. The diagnoses associated with the request include status post carpal tunnel release of the right wrist, cervical spine sprain/strain, and tendinitis/impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. A request was received for an abduction sling, an Ultra sling for purchase, an Aqua relief system for purchase and a universal wrist splint for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Abduction sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, Abduction pillow brace.

Decision rationale: The patient was injured on 08/20/14 and presents with pain/stiffness in her right shoulder, pain/stiffness in her right elbow, pain/numbness/tingling in her right wrist/hand, and ongoing pain/stiffness to her neck radiating into her right shoulder, arm, and hand. The retrospective request is for an abduction sling. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. The 04/02/15 report states that "an MRI of the right shoulder" demonstrates supraspinatus and infraspinatus tendinosis, minimal subacromial and subscapular bursitis, lateral downsloping of the acromion process, and reduced acromiohumeral recess space, and biceps tendon tenosynovitis. ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for "Sling for acute pain," under rotator cuff tear and as a "sling for comfort," for AC joint strain or separation. Regarding Abduction pillow brace, the ODG under the shoulder chapter states "recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs." Regarding the shoulder, the patient has tenderness to palpation over the anterolateral and posterosuperior aspects, a positive impingement sign on the right, and a limited range of motion. The patient is diagnosed with status post carpal tunnel release of the right wrist (02/18/15), cervical spine sprain/strain, and tendinitis/impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. The reason for the request is not provided. ACOEM guidelines support the use of a sling for rotator cuff tears and for acute pain. It does not appear that there are any future surgeries planned, nor have there been any recent surgeries performed to the shoulder. Given that the patient does not present with a rotator cuff tear or acute pain, the requested arm sling is not medically necessary.

Retrospective Ultra sling for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The patient was injured on 08/20/14 and presents with pain/stiffness in her right shoulder, pain/stiffness in her right elbow, pain/numbness/tingling in her right wrist/hand, and ongoing pain/stiffness to her neck radiating into her right shoulder, arm, and hand. The retrospective request is for an ultra sling for purchase. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. The 04/02/15 report states that "an MRI of the right shoulder" demonstrates supraspinatus and infraspinatus tendinosis, minimal subacromial and subscapular bursitis, lateral downsloping of the acromion process, and reduced acromiohumeral recess space, and biceps tendon tenosynovitis. ACOEM Guidelines shoulder chapter, chapter 9 page 204 under options, it allows for "sling for acute pain" under rotator cuff tear and as a "sling for comfort," for AC joint strain or separation.

Regarding the shoulder, the patient has tenderness to palpation over the anterolateral and posterolateral aspects, a positive impingement sign on the right, and a limited range of motion. The patient is diagnosed with status post carpal tunnel release of the right wrist (02/18/15), cervical spine sprain/strain, and tendinitis/impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. The reason for the request is not provided. ACOEM guidelines support the use of a sling for rotator cuff tears and for acute pain. It does not appear that there are any future surgeries planned, nor have there been any recent surgeries performed to the shoulder. Given that the patient does not present with a rotator cuff tear or acute pain, the requested arm sling is not medically necessary.

Retrospective Aqua relief system for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, chapter, Continuous cold therapy (CCT), website www.medi-stim.com/hotcold/ars.html, the Aqua Relief System.

Decision rationale: The patient was injured on 08/20/14 and presents with pain/stiffness in her right shoulder, pain/stiffness in her right elbow, pain/numbness/tingling in her right wrist/hand, and ongoing pain/stiffness to her neck radiating into her right shoulder, arm, and hand. The retrospective request is for an aqua relief system for purchase. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. According to www.medi-stim.com/hotcold/ars.html, the Aqua Relief System is a hot and cold water therapy unit which delivers pain relief to achy feet and other body parts due to arthritic pain, carpal tunnel syndrome, back pain, and other pain conditions. MTUS and ACOEM guidelines do not discuss cold/hot therapy units. ODG guidelines, chapter 'Carpal Tunnel Syndrome', and topic 'Continuous cold therapy (CCT)', "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use." In topic 'Heat Therapy', "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy." Regarding the shoulder, the patient has tenderness to palpation over the anterolateral and posterolateral aspects, a positive impingement sign on the right, and a limited range of motion. For the right wrist/hand, there is mild diffuse tenderness to palpation over the volar aspect and a limited range of motion. The patient is diagnosed with status post carpal tunnel release of the right wrist (02/18/15), cervical spine sprain/strain, and tendinitis/impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. The treating physician does not explain the purpose and, there is no documentation of an upcoming surgery for which aqua relief system is generally indicated. Additionally, such units are only recommended for short-term use. Therefore, the requested aqua relief system for purchase is not medically necessary.

Retrospective Universal wrist splint purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter, Splinting.

Decision rationale: The patient was injured on 08/20/14 and presents with pain/stiffness in her right shoulder, pain/stiffness in her right elbow, pain/numbness/tingling in her right wrist/hand, and ongoing pain/stiffness to her neck radiating into her right shoulder, arm, and hand. The retrospective request is for a universal wrist splint purchase. The utilization review letter did not provide a rationale. There is no RFA provided and the patient's work status is not provided. The report with the request is not provided. Regarding wrist brace, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." Regarding the right wrist/hand, there is mild diffuse tenderness to palpation over the volar aspect and a limited range of motion. The patient is diagnosed with status post carpal tunnel release of the right wrist (02/18/15), cervical spine sprain/strain, and tendinitis/impingement syndrome of the right shoulder and lateral epicondylitis of the right elbow. The reason for the request is not provided. ACOEM guidelines allow for use of wrist braces in patients with carpal tunnel syndrome. In this case, the patient underwent a post carpal tunnel release of the right wrist on 02/18/15. The requested wrist splint purchase is supported by the guidelines. The request is medically necessary.