

Case Number:	CM15-0133140		
Date Assigned:	07/21/2015	Date of Injury:	08/20/2013
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 54-year-old female patient, who sustained an industrial injury on August 20, 2013. The diagnosis includes trigger finger. Per the doctor's note dated June 25, 2014, she had complaints of pain in the right hand, wrist, elbow and shoulder; numbness in the right hand/wrist, tingling in the right hand and digits, decreased strength of the right hand/wrist, swelling of right hand, digits and wrists and sensitivity. Physical examination of the right shoulder revealed decreased range of motion and strength with tenderness; positive straight arm, drop arm, impingement test and suprascapular tinel sign on the right. The current medications list is not specified in the records provided. She has had nerve conduction study with normal findings. Treatment to date has included cortisone injection with relief, tenovagotomies for de Quervain's, surgery, medications and therapy. On November 3, 2014, the treatment plan included a series of cortisone/Xylocaine injections and a splint. On June 25, 2015, Utilization Review non-certified the request for ne purchase of right shoulder immobilizer sling medium as outpatient, citing California MTUS Guidelines, Official Disability Guidelines and other evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of right shoulder immobilizer sling medium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist & Hand (Acute & Chronic) updated 5/04/2015; Section: Shoulder (Acute & Chronic) updated 5/04/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Summary of Recommendations for Evaluating and Managing Shoulder Complaints page 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15) Postoperative abduction pillow sling.

Decision rationale: One purchase of right shoulder immobilizer sling medium; per the cited guidelines. Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction (C) Same for AC separations or severe sprains. (D) In addition per the ODG, Postoperative abduction pillow sling is 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. (Ticker, 2008) Evidence of open repair of large and massive rotator cuff tears or shoulder dislocation and reduction was not specified in the records provided. Evidence that patient has undergone any shoulder surgery was also not specified in the records provided. The current medications list is not specified in the records provided. A detailed response to oral pharmacotherapy for this injury was not specified in the records provided. The medical necessity of one purchase of right shoulder immobilizer sling medium was not fully established for this patient.