

Case Number:	CM15-0203722		
Date Assigned:	10/22/2015	Date of Injury:	11/19/2009
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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: Emergency Medicine

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 46 year old female who sustained an industrial injury on 11-19-09. A review of the medical records indicates that the worker is undergoing treatment for adhesive capsulitis, rotator cuff injury, encounter for long -term use of other medications, causalgia of upper limb, cervicobrachial syndrome, chronic pain syndrome, and sprains-and strains of shoulder and upper arm not otherwise specified. Subjective complaints (9-9-15) include that she had a block done and her pain increased after her procedure. Objective findings (9-9-15) include she appears to be depressed, fatigued, in severe pain, tearful and more smiling, Wadell's signs are negative, and the left arm is in a sling for pain with movement and swelling. It is noted the worker is finding relief with daily sling use for the left arm, but the strap causes irritation to her neck and would benefit from sheep skin "seat belt cover" to decrease the irritation. Also noted is the need for an extension for prior authorized hand therapy for desensitization. Work status was noted as temporary total disability. Previous treatment includes medication and psychotherapy-pain management counseling. The requested treatment of a sheep skin sleeve to cover sling for left arm and hand therapy (6 visits) extension was non-certified on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sheep Skin Sleeve to Cover Sling for Left Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: Immobilization, Postoperative Abduction Pillow Sling; State of Colorado Department of Labor and Employment Shoulder Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg: Durable medical equipment (DME).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, this item falls under Durable Medical Equipment (DME). This item does not qualify as DME. As per Medicare definition, DME must meet 4 criteria. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) This item does not meet criteria 2 or 3. This item is purely for patient's comfort and convenience and is not medically necessary.

Hand Therapy 6 Visits to Unknown Body Part (Extension): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Work-Relatedness Chapter 4, page 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: As per MTUS Guidelines, physical therapy is recommended for most acute pathology. Guidelines recommend a trial of 6 sessions with additional only recommended if there is documented objective benefit in terms of improvement in functional status or pain. Patient has reportedly been approved for 6 sessions. It is unclear if patient has undergone initial 6 approved sessions. Without information concerning benefit from initial 6 approved sessions, additional sessions is not medically necessary.