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| Case Number: | CM15-0209844 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 11/10/2014 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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 55 year old female who sustained an industrial injury on 11-10-14. The injured worker reported left upper extremity discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervicgia, thoracic sprain-strain, De Quervain's and carpal tunnel syndrome. Provider documentation dated 6-9-15 noted the work status as modified work. Treatment has included magnetic resonance imaging, Tylenol number 3, injection of the left wrist, home exercise program, Mobic, and electrodiagnostic studies. Objective findings dated 8-26-15 were notable for "decreased grip strength", numbness and tingling with Phalen test positive. The original utilization review (10-15-15) denied a request for a purchase of shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of shoulder sling: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920; Post-operative Abduction Pillow Sling, page 933.

Decision rationale: Review indicates the patient continuing to treat for symptoms and diagnosis involving the cervical, thoracic spine and wrist. The indication for this shoulder sling is unclear as it is prescribed to immobilize the shoulder. Per Guidelines, a shoulder sling may be recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than a few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. Guidelines state that immobilization using sling with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity has not been established and criteria are not met. The Purchase of shoulder sling is not medically necessary and appropriate.