

Case Number:	CM15-0025290		
Date Assigned:	02/17/2015	Date of Injury:	03/15/2013
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female who sustained an industrial injury on 03/15/12. She reports mild incisional tenderness. Treatments to date include medications, physical therapy, and right carpal tunnel release 12/05/14. Diagnoses include right carpal tunnel syndrome and lumbosacral radiculopathy. In a progress noted dated 12/15/14 the treating provider requests postoperative physiotherapy. On 01/27/15 Utilization Review non-certified a pro-sling purchase, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Sling for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Postsurgical; Carpal Syndrome (updated 11/11/14) Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Forearm, wrist and hand section, DME, immobilization

Decision rationale: Pursuant to the Official Disability Guidelines, Pro-sling for purchase is not medically necessary. Durable medical equipment recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment (DME) is defined as: can withstand repeated use; is primarily and customarily used to serve medical purpose of it; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; and lumbosacral radiculopathy. Documentation from a December 15, 2014 progress note does not contain any clinical entries regarding the shoulder or elbow. Physical examination does not show significant swelling erythema (at the wrist). There is no clinical discussion of a sling in the medical record. A sling is typically used for disorder for mobilization purposes of the shoulder and elbow. There is no discussion of a shoulder or elbow injury. Consequently, absent clinical documentation to support the use of a sling, Pro-sling is not medically necessary.