

Case Number:	CM15-0040683		
Date Assigned:	03/10/2015	Date of Injury:	04/04/2013
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 4/4/2013. He reported a right hand injury while working as a automobile detailer. The injured worker was diagnosed as having enchondroma of the right pointer finger and bilateral upper extremities kinetic tremor. Treatment to date has included right finger excisional biopsy with bone graft (6/24/2014), physical therapy and medication management. A progress note from the treating provider dated 6/23/2014 indicates the injured worker reported right index finger pain, stress and anxiety. Currently the injured worker reports right index finger pain. A Utilization Review determination was rendered recommending non certification for purchase of shoulder immobilizer dispensed 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Dispensed 06/24/2014) Shoulder Immobilizer 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, Shoulder Chapter, Immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder Hand and Upper extremity.

Decision rationale: The CA MTUS ACOEM and the ODG guidelines recommend that shoulder immobilizer can be utilized after acute shoulder injury and in the post operative period following extensive shoulder surgery. The records indicate that the patient had index finger surgery on 6/24/2014. There is no documentation of a shoulder surgical procedure or injury. The indication for a shoulder immobilizer following a finger surgery was not specified. The criteria for the retrospective purchase of a shoulder immobilizer DOS 6/24/2014 was not met; the request is not medically necessary.