

<b>Case Number:</b>	CM14-0121285		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 42-year-old female was reportedly injured on August 1, 2012. The mechanism of injury is noted as repetitive work. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of right wrist and hand pain. The physical examination demonstrated a positive Tinel's test, Phalen's test, and Durkins test of the right wrist. A revision open carpal tunnel release was recommended. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right-sided endoscopic carpal tunnel release, physical therapy, cortisone injections, and oral medications. A request had been made for a shoulder sling and seven days rental of a cold therapy unit and was not certified in the pre-authorization process on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Shoulder sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 and Leg, Durable Medical Equipment, Updated August 25, 2014.

**Decision rationale:** According to the most recent progress note dated June 26, 2014, the injured employee is not scheduled were approved for any upcoming surgery. As such, request for a Shoulder Sling is not medically necessary.

**7 days rental of cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated August 27, 2014.

**Decision rationale:** According to the most recent progress note dated June 26, 2014, the injured employee is not scheduled were approved for any upcoming surgery. As such, this request for a Seven Day Rental Of A Cold Therapy Unit is not medically necessary.