

Case Number:	CM14-0145243		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2013
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 California. 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:

This 55 year-old warehouse worker sustained a repetitive trauma injury on 3/4/13 while employed by [REDACTED]. Request(s) under consideration include Right Arm Sling purchase. Diagnoses include right thumb trigger finger s/p right thumb tenosynovectomy on 4/14/14. Report of 4/9/14 from the provider noted the patient was unable to straighten her thumb. Treatment plan was for trigger thumb release surgery with arm sling to support the hand. Per QME re-evaluation of 8/25/14 noted patient was released to full duty with MMI as of 7/7/14; however, she is not currently working. Diagnoses include right thumb trigger finger tendinitis; (injury of 6/25/13 from tripping on a railing) with thoracic, cervical, and lumbar sprain/strain; right shoulder strain/sprain and right leg contusion, resolved. Injury of 6/25/13 was also MMI as of 6/25/14. Future medical included occasional use of medication/ anti-inflammatory and noted "further treatment, including consultation with spine specialist or surgical intervention which may become necessary, should be treated on a non-industrial basis." The request(s) for Right Arm Sling purchase (Retrospective for surgery in April) was non-certified on 8/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Arm Sling 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-205; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920

Decision rationale: This 55 year-old warehouse worker sustained a repetitive trauma injury on 3/4/13 while employed by [REDACTED]. Request(s) under consideration include Right Arm Sling purchase. Diagnoses include right thumb trigger finger s/p right thumb tenosynovectomy on 4/14/14. Report of 4/9/14 from the provider noted the patient was unable to straighten her thumb. Treatment plan was for trigger thumb release surgery with arm sling to support the hand. Per QME re-evaluation of 8/25/14 noted patient was released to full duty with MMI as of 7/7/14; however, she is not currently working. Diagnoses include right thumb trigger finger tendinitis; (injury of 6/25/13 from tripping on a railing) with thoracic, cervical, and lumbar sprain/strain; right shoulder strain/sprain and right leg contusion, resolved. Injury of 6/25/13 was also MMI as of 6/25/14. Future medical included occasional use of medication/ anti-inflammatory and noted "further treatment, including consultation with spine specialist or surgical intervention which may become necessary, should be treated on a non-industrial basis." The request(s) for Right Arm Sling purchase (Retrospective for surgery in April) was non-certified on 8/26/14. Per Guidelines, an arm 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 few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. The patient is s/p right thumb tenosynovectomy on 4/14/14 for trigger finger. 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 Right Arm Sling purchase is not medically necessity and appropriate.