

<b>Case Number:</b>	CM14-0023288		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old female with a date of injury of 10/05/2011. The listed diagnosis per [REDACTED] is recurrent right carpal tunnel syndrome. According to progress report 09/09/2013, the patient underwent a right carpal tunnel release on 08/28/2013 and is healing well. There is no evidence of infection or compromise. All stitches were taken out. The treating physician is requesting 1 shoulder sling for postop use. Utilization review denied the request on 02/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF ONE SHOULDER SLING DATE 8/28/2013.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under its wrist/forearm chapter

**Decision rationale:** This patient is status post right carpal tunnel release on 08/28/2013. The treating physician is requesting a shoulder sling for postoperative use. The ACOEM, MTUS and ODG do not discuss shoulder brace or slings following carpal tunnel surgery. ACOEM

guidelines Shoulder Chapter, page 204 recommends Shoulder slings for rotator cuff surgery, AC joint strain/separation, clavicular and scapular fracture treatments, and other fractures. ODG guidelines under its wrist/forearm chapter "casting versus splints," only discusses the use of slings in a context of a fracture. This patient does not present with any of these conditions. Therefore, the request is not medically necessary.