

<b>Case Number:</b>	CM14-0043168		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old male with a reported date of injury on 04/23/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included rotator cuff tear of the right shoulder, rule out scapholunate ligament injury of the right wrist, and tendinosis of the right hand. Previous conservative care included physical therapy and the use of a splint. Diagnostic studies include a 5 view x-ray of the right wrist revealing ulnar neutral variance. There was no separation between the scaphoid and the lunate. An MRI of the right shoulder on 06/23/2013 revealed a partial thickness tear of the supraspinatus tendon at the articular surface with interstitial extension to the foot plate. The injured worker is requesting to proceed forward with a right shoulder arthroscopy and rotator cuff repair. In addition, the physician indicates that he wants the injured worker to continue utilizing a splint for the right wrist as needed. The injured worker presents with a complaint of right shoulder pain. The right shoulder range of motion reveals abduction and external rotation to 60 degrees, forward flexion to 120 degrees. The right wrist presented with pain dorsally. The injured worker's medication regimen included Hydrocodone and Nabumetone. The request for authorization for 1 sling (purchase) was submitted on 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SLING (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Splints.

**Decision rationale:** The Official Disability Guidelines recommend splints for treating displaced fractures. Hand splints and ease arthritis pain, according to a new systemic review. Short and rigid day splints cut hand pain in half after 6 months of use according 1 high quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but splints usually do not improve hand function or strength. The findings mean that the splints have the same effect on pain as ibuprofen. The clinical information provided for review indicates the injured worker utilizes a hand splint. There is a lack of documentation related to the splint being worn out or inability to be used. Therefore, the request for 1 sling (purchase) is not medically necessary.