

Case Number:	CM15-0016417		
Date Assigned:	02/05/2015	Date of Injury:	12/17/2012
Decision Date:	05/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 12/17/2012. His mechanism of injury was not included. His diagnoses include a right shoulder impingement syndrome, right shoulder internal derangement, right shoulder pain, right shoulder sprain/strain, right shoulder tenosynovitis, right elbow pain, right elbow sprain/strain, right elbow epicondylitis, rule out right elbow internal derangement, right triangular fibrocartilage tear, right wrist bursitis, right wrist pain, right wrist sprain/strain, insomnia with sleep apnea, loss of sleep, sleep disturbance, anxiety, depression, and nervousness. The patient was seen on 11/20/2014 and the injured worker had complaint of a constant, moderate, dull, achy, sharp right shoulder pain, stiffness and weakness, aggravated by overhead reaching. He rated his pain at 8/10 to the right shoulder. He also had complaints of pain to the right elbow and right wrist that he rated 8/10. On physical exam, it was noted the right shoulder range of motion was measured in flexion at 145 degrees, extension at 25 degrees, abduction at 90 degrees, adduction at 40 degrees, external rotation at 90 degrees, and internal rotation at 80 degrees. The right elbow range of motion was measured in flexion at 90 and extension at 0. Cozen's sign was positive. The right wrist had tenderness noted to palpation at the dorsal wrist, lateral wrist, medial wrist, and volar wrist. Phalen's and Finkelstein's tests were positive. The treatment plan included QME recommendations of right wrist ulnar entrapment release surgery and had orthopedic consult for TFCC repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an arm 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, Shoulder (updated 10/31/14) / Forearm, Wrist & Hand (updated 11/13/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: The request for purchase of an arm sling is not medically necessary. The Official Disability Guidelines state that postoperative abduction pillow sling is recommended as an option following an open repair of a large and massive rotator cuff tear. There is a lack of documentation regarding surgery being approved for a rotator cuff repair and the request was for an arthroscopic repair. Therefore, the request for a postoperative abduction pillow sling is not medically necessary.

Purchase of a TENS 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, TENS (transcutaneous electrical nerve stimulation).

Decision rationale: Request for purchase of TENS unit is not medically necessary. The Official Disability Guidelines state that TENS units are recommended post stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. For other shoulder conditions, TENS unit is not supported by high quality medical studies, but they may be useful in initial conservative treatment of acute shoulder symptoms. A 1 month trial period of the TENS unit should be documented and there should be evidence of reduced medication usage, pain relief, and function improvement; rental would be approved over purchase during this trial. However, there is a lack of documentation regarding approval of surgery and rental is recommended over purchase. Therefore, the request for purchase of a TENS unit is not medically necessary.

Purchase of a right wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 11/13/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: The request for purchase of a right wrist brace is not medically necessary. The Official Disability Guidelines state that splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing. The use of a splint is recommended for carpal tunnel syndrome and splinting of the wrist in neutral position at night and day as needed, as an option in conservative treatment. The rationale for the use of this brace was not documented. As the guidelines indicate the use of splinting for carpal tunnel syndrome is not warranted after surgery and the surgery has not been approved, the request for purchase of a right wrist brace is not medically necessary.

Purchase of a motorized 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, Shoulder (updated 10/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Continuous cold therapy (CCT).

Decision rationale: The request for purchase of a motorized cold therapy unit is not medically necessary. The Official Disability Guidelines state that continuous cold therapy is recommended as an option only in a postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. The request is for purchase of a motorized cold therapy unit and as the guidelines recommend only a 7 day trial and surgery has not been certified, the request for purchase of a motorized cold therapy unit is not medically necessary.