

Case Number:	CM15-0017477		
Date Assigned:	02/05/2015	Date of Injury:	02/26/2014
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 sustained an industrial injury on February 26, 2014. She has reported neck, mid/upper, lower back, and right shoulder/arm pain and has been diagnosed with cervical spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, right shoulder strain/sprain, rule out right shoulder rotator cuff tear, right elbow/forearm strain/sprain, right elbow lateral epicondylitis, and right wrist carpal tunnel surgery. Treatment has included medications and physical therapy. Currently the injured worker complains of neck, mid/upper, lower back, and right shoulder/arm pain. The treatment plan included physical therapy. On December 30, 2014 Utilization Review non certified pro-sling purchase citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, and Hand, Immobilization Acta Orthop Scand. 1999 Jun;70(3):288-92. No advantage from splinting the wrist after open carpal tunnel release. A randomized study of 82 wrists. Finsen V1, Andersen K, Russwurm H.

Decision rationale: ODG states "Not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures." An article by Finsen et al. states "No advantage from splinting the wrist after open carpal tunnel release." As such, the request for a Pro-Sling Purchase is not medically necessary.