MAXIMUS Federal Services

Case Number:	CM15-0113201		
Date Assigned:	06/19/2015	Date of Injury:	04/07/2008
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female, who sustained an industrial injury on 4/7/08. The injured worker was diagnosed as having epicondylitis elbow/medial, brachial neurotitis or radiculitis, cervical disc disorder with myelopathy and shoulder region disorders. Treatment to date has included cervical fusion, physical therapy of neck, left carpal tunnel release followed by post-op physical therapy for hand and wrist, home exercise program, oral medications including Norflex, topical compound creams and activity restrictions. Currently, the injured worker complains of continued residual neck pain radiating to bilateral upper extremities with significant residual pain following cervical fusion and weakness of upper extremities. She is on temporary total disability physical exam noted spasm, tenderness and guarding in paravertebral musculature of the cervical spine with healed incisions at site of cervical fusion; a healed incision is noted at the left wrist site of the carpal tunnel release with decreased two point discrimination noted over the hand and reduction in active range of motion in first digit of upper extremity with tenderness at first CMC. A request for authorization was submitted for a Pro-Sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro sling left hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition, web, wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 551.

Decision rationale: Per the MTUS Guidelines, in general, immobilization of the elbow or wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). This injured worker had no history of a recent elbow or wrist surgery. Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications in the early stages of injury. The injured worker is being treated for a chronic injury, therefore, wrist splinting/sling is not warranted. The request for Pro sling left hand/wrist is not medically necessary.