

Case Number:	CM15-0045285		
Date Assigned:	03/17/2015	Date of Injury:	06/12/2014
Decision Date:	05/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 60 year old male, who sustained an industrial injury on 06/12/2014. He reported right arm injuries. The injured worker is currently diagnosed as having cervical spine sprain/strain, right shoulder distal anterior supraspinatus tendon tear, right shoulder sprain/strain, right elbow cubital tunnel syndrome, right wrist moderate carpal tunnel syndrome, right wrist neuropathy, right wrist/distal radius fracture status post open reduction and internal fixation, and thoracic spine sprain/strain with underlying degenerative disc disease. Treatment to date has included surgery, right shoulder MRI, right forearm x-ray, electromyography/nerve conduction studies, occupational therapy, wrist brace, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of cervical spine, right shoulder, and right wrist/hand pain. The treating physician reported recommending right wrist carpal tunnel release, a second opinion to a hand specialist regarding the right radial nerve, right shoulder surgery, right wrist brace, and a short arm cock up sling with a volar aluminum splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Short Arm Cock Up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Postoperative Abduction Pillow Sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder and right extremity. The request is for SHORT ARM COCK UP. The patient is s/p ORIF of the right wrist, debridement and irrigation of the right wrist and removal of external fixator of the right wrist. The dates of surgeries are not provided. Per 01/14/15 progress report, the patient wears a brace for his right wrist. Examination of the right wrist shows tenderness to the volar and dorsal forearm in the distal one third of the forearm, positive Tinel's sign, decreased sensation to the right thumb and index finger, 4/5 strength for the right wrist and 75% of wrist range of motion. EMG/NCV from 12/16/14 reveals right elbow cubital tunnel syndrome, right wrist moderate carpal tunnel syndrome, and right wrist neuropathy. The patient is currently not working. For wrist bracing/splinting, ACOEM Guidelines page 265 states, when treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity. In this case, the treater requested a right wrist brace which is a short arm cock up sling with a volar aluminum splint, since the last one is worn out. Given the patient's persistent complaints of pain and diagnosis of carpal tunnel syndrome, the request IS medically necessary.

Sling with a Volar Aluminum Splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Postoperative Abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder and right extremity. The request is for SHORT ARM COCK UP. The patient is s/p ORIF of the right wrist, debridement and irrigation of the right wrist and removal of external fixator of the right wrist. The dates of surgeries are not provided. Per 01/14/15 progress report, the patient wears a brace for his right wrist. Examination of the right wrist shows tenderness to the volar and dorsal forearm in the distal one third of the forearm, positive Tinel's sign, decreased sensation to the right thumb and index finger, 4/5 strength for the right wrist and 75% of wrist range of motion. EMG/NCV from 12/16/14 reveals right elbow cubital tunnel syndrome, right wrist moderate carpal tunnel syndrome, and right wrist neuropathy. The patient is currently not working. ACOEM Guidelines shoulder chapter, chapter 9 page 204 under options, it allows for sling for acute pain under rotator cuff tear and as a sling for comfort, for AC joint strain or separation. In this case, the patient is awaiting the authorization for right carpal tunnel release and right shoulder arthroscopic subacromial decompression surgery. MRI from 12/09/14 shows right shoulder distal anterior supraspinatus tendon tear with a 12mm distraction gap. Given that the patient has right shoulder tendon tear, involving the supraspinatus, the request IS medically necessary.