

Case Number:	CM14-0173080		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2011
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 43 year old female with a reported date of injury on 10/5/11. She is noted to have a diagnosis of right carpal tunnel syndrome and underwent right carpal tunnel release on 8/28/13. A request had been made for a shoulder immobilizer for the right upper extremity following this surgery. A retrospective purchase of one shoulder sling, dated 8/28/13, was denied on 2/10/14. The patient is noted to have undergone physical therapy on 2/25/14, with range-of-motion of the right upper extremity and other treatment modalities including a home exercise program. UR review dated 10/1/14 did not certify the retrospective purchase of a shoulder immobilizer noting that sufficient rationale was not provided to support the medical necessity for use of a shoulder immobilizer following carpal tunnel release. Shoulder immobilization is a major risk factor for developing adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective purchase for post-operative one (1) shoulder immobilizer to right wrist/hand for date of service 08/28/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Immobilization Official Disability Guidelines (WorkLoss Data Institute.Web -based version)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 205, 270.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Immobilization

Decision rationale: However, from Chapter 9, page 205, with respect to resting an injured shoulder. If indicated, the joint can be kept at rest in a sling. There is no indication that this is the case for this patient. From Chapter 11, page 270, splinting is addressed: In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. Thus, the goal would be early range-of-motion and a home therapy program and not immobilization. In addition, as stated in the UR from ODG, shoulder immobilization is a major risk factor for developing adhesive capsulitis. Thus, use of a shoulder immobilizer should not be considered medically necessary.