

<b>Case Number:</b>	CM13-0022382		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 56 year old injured worker with a date of injury of January 29, 2013, and has complaints of left shoulder pain. Per the medical records the patient is status post left clavicle open reduction, and internal fixation. The August 8, 2013 evaluation notes that the patient has a diagnosis of left shoulder adhesive capsulitis with forward flexion 90 degrees, and internal rotation to sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Machine for left shoulder (rent 15 days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (California MTUS/ACOEM Occupational Medicine Practice Guidelines, 2nd Editions, 2008), pgs. 560-561

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** According to ACOEM Guidelines Shoulder Disorders, "Recommended for Acute Adhesive Capsulitis (Insufficient Evidence (I)) Self-applications of heat and ice are recommended for treatment of significant pain from adhesive capsulitis. Initial care of adhesive capsulitis involves identification and treatment of potential confounding conditions (e.g., diabetes, other medical disorders, rotator cuff tendinopathies, etc.). Non- operative treatment

has been traditionally recommended. For patients with significant pain, self-applications of heat and ice are recommended. There are no quality trials evaluating analgesics, ice, heat, or slings and braces for management of adhesive capsulitis. One moderate-quality trial included heating pad treatments as a physical therapy treatment, but also included other treatments, precluding an evaluation of efficacy of heating pads alone as self." The request for a CPM Machine for the left shoulder

**Cold Therapy Unit for left shoulder (rental for 7 days): 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 Official Disability Guidelines (ODG)

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.