

Case Number:	CM13-0022427		
Date Assigned:	10/16/2013	Date of Injury:	07/26/2012
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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:

This claimant is a 30-year-old gentleman who injured his left shoulder in a work-related accident on July 26, 2012. According to the August 5, 2013 follow-up assessment, the claimant has failed conservative treatment and a left shoulder arthroscopy is recommended. The report of the claimant's MRI scan dated June 5, 2013 identified superior labral pathology but no indication of rotator cuff pathology. The specific requests at present are for a continuous passive motion (CPM) machine, a pain pump, and an immobilizer for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PAIN PUMP RENTAL 30 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), Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. Based on Official Disability Guidelines, a pain pump would not be indicated. The Official Disability Guidelines do not recommend the use of pain pumps in the postoperative setting after shoulder

procedures. There is no documentation in the records provided for review to indicate that this claimant would be an exception to the above rule. Therefore, the request for postoperative pain pump rental for 30 days is not recommended as medically necessary.

POST OPERATIVE SHOULDER IMMOBILIZER 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), Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. According to the Official Disability Guidelines, the request for a postoperative abduction immobilizer would not be indicated. The role of this form of immobilization would only be indicated following massive or large rotator cuff repair procedures. The claimant's clinical picture including the MRI scan does not identify rotator cuff pathology. The absence of rotator cuff pathology would fail to necessitate the purchase and use of the above device. The request for post operative shoulder immobilizer purchase is not medically necessary.

POST OPERATIVE SHOULDER CONTINUOUS PASSIVE MOTION (CPM) RENTAL 30 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), Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not specifically recommend the use of a continuous passive motion (CPM) for the shoulder. The request for a continuous passive motion for a 30-day rental in this case would not be indicated. The request for post operative shoulder continuous passive motion (CPM) rental 30 days is not medically necessary.