

Case Number:	CM13-0027090		
Date Assigned:	11/22/2013	Date of Injury:	09/03/2012
Decision Date:	02/13/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation 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 58-year-old female who reported an injury on 09/03/2012 after a fall that caused injury to her left shoulder. The patient's previous treatments included medications, physical therapy, and corticosteroid injections. The patient underwent an MRI in 02/2013 that revealed there was a partial thickness tear of the supraspinatus and subscapularis tendons with moderate degenerative changes of the acromioclavicular joint with evidence of a possible superior labrum longitudinal tear. The patient's most recent clinical examination findings included range of motion described as 120 degrees of elevation and 110 degrees of abduction. The patient's diagnoses included left shoulder adhesive capsulitis, calcific tendonitis of the left shoulder and partial thickness rotator cuff tendon tears of the supraspinatus and subscapularis. The patient's treatment plan included a home exercise program and continuation of medications to assist in pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Dyna shoulder rental x additional (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested left dyna shoulder rental times 3 additional months is not medically necessary or appropriate. The Official Disability Guidelines do not recommend continuous passive motion machines for rotator cuff problems but use of up to 4 weeks of use is appropriate for adhesive capsulitis. The requested 3 additional months exceeds the recommended 1 month of treatment. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. Additionally, there is no significant functional benefit related to prior use of this type of equipment. As such, the requested left dyna shoulder rental times additional 3 months is not medically necessary or appropriate.