

Case Number:	CM13-0028645		
Date Assigned:	11/27/2013	Date of Injury:	11/21/2011
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 48-year-old female who was injured on 11/21/11. She was pushing a barrel sustaining an injury to the left shoulder. Following a course of conservative care, there is documentation that the claimant underwent a 06/29/13 left shoulder arthroscopy and subacromial decompression. Postoperative records indicate the request for a 30 day rental of a continuous passive motion machine for the claimant's right shoulder. Further clinical records in this case are not supportive of the request at hand. At present, there is a request for the CPM device for use in the claimant's post-shoulder surgery setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section, Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure, Continuous passive motion (CPM).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a CPM unit for the claimant's left shoulder would not be indicated. Official Disability Guidelines criteria does not recommend the role of continuous passive motion in the setting of the shoulder or shoulder surgery. Recent clinical trials reveal that no significant or statistical difference with pain, function, or ability with use of a CPM device in the postoperative setting. This specific request for this claimant's shoulder arthroscopy and subacromial decompression would not be supported.