

<b>Case Number:</b>	CM13-0029358		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	07/31/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

Patient is a 55 year old female with a date of injury 7/31/11. Her diagnoses include a left shoulder arthroscopy and subacromial decompression on 7/18/13; C5-6 disc bulge in the neck; left ulnar abutment syndrome; left axillary pain; dizziness. There is a request for a continuous passive motion (CPM) machine rental for 30 days. A 1/27/14 office visit at her primary treating physician office reveals that she is having pain in her left arm and a lot of dizziness every time she turns her head. Her dizziness caused her to fall and hurt her right knee which required a trip to the emergency room. The physical exam on this date reveals tenderness of the left axilla, decreased cervical spine range of motion and a head compression test causing neck pain. There is documentation that the patient presented on 08/12/13 with decreased pain over the left shoulder. She claimed to have worsening of dizziness when she uses her CPM machine. Her post operative treatment plan has included continuation of CPM machine at home; initiation of physical therapy and continuation of NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUOUS PASSIVE MOTION MACHINE FOR THIRTY (30) DAYS RENTAL.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Continuous passive motion (CPM) machine for thirty (30) day rental is not medically necessary according to the ODG guidelines. The MTUS does not specifically address a CPM machine for the shoulder. The ODG guidelines indicate that a continuous passive motion machine is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The request for a 30 day rental exceeds the guideline recommendations for use. There is not mention of adhesive capsulitis in the documentation submitted. The request for continuous passive motion (CPM) machine for thirty (30) day rental is not medically necessary.