

<b>Case Number:</b>	CM13-0031472		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 41 year old male who reported a work-related injury on 06/11/2011 as result of strain to the right shoulder. Subsequently, the patient presents for treatment of the following diagnoses: cervical degenerative disc disease, right shoulder impingement, and mild carpal tunnel syndrome. The patient is status post arthroscopic subacromial decompression, acromioplasty, bursectomy, distal clavicle resection, debridement of partial rotator cuff tear, and debridement of labrum and labral fraying under the care of [REDACTED] as of 09/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder continuous passive motion (CPM) rental x 4 weeks:** 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) Shoulder Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the medical necessity of the requested intervention for the patient. In addition, the provider documents utilization of this durable medical equipment was indicated x4

weeks. There was no additional clinical documentation submitted for review postoperative to the patient's surgical interventions performed in 09/2013. California MTUS/ACOEM is silent concerning the requested intervention. Official Disability Guidelines indicate continuous passive motion is not recommended for shoulder rotator cuff problems; however, is supported as an option for adhesive capsulitis up to 4 weeks/5 days per week. Given the lack of documentation evidencing physical exam findings of the patient postoperatively, the current request is not supported. In addition, the provider submitted the request on 09/16/2013 for postoperative use. Guidelines do not support this duration of use for this modality. In addition, the patient presents status post operative procedures to the rotator cuff which Official Disability Guidelines indicate continuous passive motion is not recommended after shoulder surgery or for non-surgical treatment in regard to the rotator cuff. Given all of the above, the request for shoulder CPM rental x 4 weeks is not medically necessary or appropriate.

**Shoulder CPM pad 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)

**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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the medical necessity of the requested intervention for the patient. In addition, the provider documents utilization of this durable medical equipment was indicated x4 weeks. There was no additional clinical documentation submitted for review postoperative to the patient's surgical interventions performed in 09/2013. California MTUS/ACOEM is silent concerning the requested intervention. Official Disability Guidelines indicate continuous passive motion is not recommended for shoulder rotator cuff problems; however, is supported as an option for adhesive capsulitis up to 4 weeks/5 days per week. Given the lack of documentation evidencing physical exam findings of the patient postoperatively, the current request is not supported. In addition, the provider submitted the request on 09/16/2013 for postoperative use. Guidelines do not support this duration of use for this modality. In addition, the patient presents status post operative procedures to the rotator cuff which Official Disability Guidelines indicate continuous passive motion is not recommended after shoulder surgery or for non-surgical treatment in regard to the rotator cuff. Given all of the above, the request for shoulder CPM rental x 4 weeks is not medically necessary or appropriate.