

Case Number:	CM13-0032141		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2008
Decision Date:	04/09/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 has a subspecialty in Interventional Spine 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 52 year old male with date of injury 10/28/08. The treating physician report dated 9/26/13 indicates the patient presents for his first post-operative visit for the right shoulder. The current diagnoses are right shoulder arthroscopy November 2009 with revision on 9/16/13. The utilization review report dated 9/27/13 denied the usage of the CPM unit based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder continuous passive motion unit and pad, 30 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous passive motion (CPM)

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

Decision rationale: The MTUS guidelines do not address Continuous Passive Motion treatment. The Official Disability Guidelines (ODG) states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5

days per week. While the treating physician may feel that the usage of a CPM unit post surgically is appropriate for the patient, the guidelines do not support its usage except in the case of adhesive capsulitis. The request for shoulder continuous passive motion unit and pad, 30 day's rental is not medically necessary and appropriate.