

Case Number:	CM13-0036695		
Date Assigned:	12/13/2013	Date of Injury:	06/14/2013
Decision Date:	02/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

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 claimant is a 44-year-old female who was injured in a work related accident on June 14, 2013 sustaining an injury to the right shoulder. The clinical records indicate failed conservative care with recent request for a right shoulder arthroscopy, open rotator cuff repair versus debridement with subacromial decompression and distal clavicle resection has been approved by [REDACTED]. At present, there are postoperative requests for use of a CPM device for the shoulder as well as electrical stimulation for the shoulder in the postoperative setting. Further clinical records are not pertinent to the request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Shoulder CPM/Electrical Stim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 17th edition, 2012 Updates: shoulder procedure - Continuous passive motion (CPM).

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the role of the proposed postoperative DME devices would not be indicated. Guidelines criteria do not recommend the role of CPM for use in the shoulder in any setting. This would negate the need of a CPM device. Furthermore, Guidelines criteria indicates

that neural stimulator units are typically not supported by high quality medical studies and are currently not recommended for use in the acute postoperative setting. The specific request for the above mentioned devices in the postoperative setting following the upcoming right shoulder arthroscopic rotator cuff repair procedure would not be indicated.