

Case Number:	CM13-0037487		
Date Assigned:	12/13/2013	Date of Injury:	02/08/2011
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine and Cardiology, and has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 02/08/2011. The patient is diagnosed with cervical strain, shoulder impingement, and shoulder disorder. The patient was recently seen by [REDACTED] on 09/17/2013. Physical examination revealed 110 degree flexion, 90 degree abduction, and 90 degree external rotation. Treatment recommendations included manipulation under anesthesia with possible capsular release.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Rental of continuous passive motion (CPM) unit for fourteen days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Shoulder, Web Edition.

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, Continuous Passive Motion.

Decision rationale: Official Disability Guidelines state Continuous Passive Motion (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. As per the clinical notes submitted, the patient does not maintain a diagnosis of adhesive capsulitis. Therefore, the patient does not currently meet criteria for the use of a CPM machine. Therefore, the request is non-certified.

Rental of cold therapy unit (CTU) for fourteen days: 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) Shoulder Chapter

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, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. As per the clinical notes submitted, there is no indication that this patient has undergone left shoulder surgery. Therefore, the patient does not currently meet criteria for the use of a continuous flow cryotherapy unit. Additionally, the current request for 14 day rental would exceed guideline recommendations. Based on the clinical information received, the request is non-certified.