

Case Number:	CM13-0039948		
Date Assigned:	12/20/2013	Date of Injury:	10/13/2004
Decision Date:	02/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 10/13/2004. The mechanism of injury was not provided. The patient was noted to undergo an arthroscopic removal of scar tissue from the subacromial area with subacromial decompression and a partial distal claviclectomy 2 cm, and the patient's postoperative diagnosis was noted to be extensive scar tissue in the left shoulder with impingement and adhesive capsulitis. The request was made for a shoulder CPM with pads for a 30 day rental and a programmable pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM, with pads (30 day rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, CPM

Decision rationale: The Official Disability Guidelines recommend a continuous passive motion device for adhesive capsulitis for up to 4 weeks for 5 days per week. The patient was noted to have a diagnosis of adhesive capsulitis. However, the clinical documentation submitted for

review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations and exceeding guidelines as the duration exceeded guideline recommendations. Given the above, the request for shoulder CPM with pads for a 30 day rental is not medically necessary.

Programmable pain pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Pain Pump

Decision rationale: The Official Disability Guidelines do not recommend postoperative pain pumps. There was a lack of documentation indicating the necessity for a postoperative pain pump, and the submitted documentation failed to include the duration of care for the programmable pain pump. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for a programmable pain pump is not medically necessary.