

<b>Case Number:</b>	CM13-0042600		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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 expert 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:

This is a patient with a date of injury of 1/19/99. A utilization review determination dated 10/21/13 recommends non-certification of CPM machine and pain pump. The patient is noted to be approved for a left shoulder arthroscopy with acromioplasty and possible Mumford distal clavicle resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUOUS PASSIVE MOTION MACHINE RENTAL FOR 21 DAYS FOR THE LEFT SHOULDER:** 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 PASSIVE MOTION (CPM)

**Decision rationale:** Regarding the request for Continuous Passive Motion Machine Rental for 21 Days for the Left Shoulder, California MTUS does not address the issue. ODG supports its use as an option for adhesive capsulitis, but not for use after shoulder surgery for rotator cuff

problems. Within the documentation available for review, it is noted that the patient was approved for a left shoulder arthroscopy with acromioplasty and possible Mumford distal clavicle resection. In light of the above issues, the currently requested Continuous Passive Motion Machine Rental for 21 Days for the Left Shoulder is not medically necessary.

**PAIN PUMP FOR THE LEFT SHOULDER:** 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, POSTOPERATIVE PAIN PUMP

**Decision rationale:** Regarding the request for Pain Pump for the Left Shoulder, California MTUS does not address the issue. ODG cites that they are not recommended as there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. In light of the above issues, the currently requested Pain Pump for the Left Shoulder is not medically necessary.