

Case Number:	CM13-0045207		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2011
Decision Date:	08/14/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation is licensed to practice in Illinois. 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:

The injured worker is a 57-year-old female who reported an injury on 04/18/2011. The mechanism of injury was cumulative trauma. The patient had an arthroscopy of the left shoulder with subacromial decompression on 05/13/2013. Prior treatments included physical therapy and medications. The diagnosis included adhesive capsulitis of the shoulder. There was no DWC form, RFA or PR2 submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CPM RENTAL FROM 5/28/13 AND 6/12/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Official Disability Guidelines do not recommend CPM (Continuous Passive Motion) machines for the treatment of adhesive capsulitis and do not recommend them for the shoulder rotator cuff problems. The recommendation is for up to 4 weeks, 5 days per week. The clinical documentation submitted for review failed to provide the specific procedure

that was performed. There was no documentation indicating a rationale for the requested service. The request as submitted failed to indicate the body part to be treated with the CPM. Given the above, the request for retrospective CPM rental from 5/28/2013 and 06/12/2013 is not medical necessary.