

Case Number:	CM13-0047209		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2012
Decision Date:	09/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery 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 patient is a 35-year-old with a reported industrial injury of May 1, 2012. Exam note from 6/25/2013 demonstrates patient with complaint of increased headaches and dizziness with increased anxiety. In addition the claimant has complaints of a constant dull achy pain. Right shoulder demonstrates complaints of frequent severe right shoulder pain associated with repetitive movements. Objective findings demonstrate 3+ tenderness palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus. Panel nightly me from 5/17/2013 recommends orthopedic treatment for right hand, wrist, shoulder neck and neck. Claimant is noted to be status post right shoulder arthroscopy with debridement of partial-thickness rotator cuff tear on September 19, 2013. It is noted that the patient is currently being treated by a psychologist for complaints of anxiety attacks, sleep difficulty and depression due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) machine: Upheld

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

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: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the cited records, given the above the request is not medically necessary.

Referral to Psychiatrist-Psychologist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam notes from does not demonstrate any objective evidence or failure of psychological care to warrant another referral to a psychiatrist/psychologist. Therefore the request is not medically necessary.