

Case Number:	CM13-0051321		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2011
Decision Date:	03/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, and 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 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 57 year old who reported an injury on 09/05/2011. The patient's diagnoses include adhesive capsulitis of the shoulder, rotator cuff tendonitis, subacromial bursitis/impingement, partial rotator cuff tear, labral tea, glenohumeral synovitis/chondromalacia, and acromioclavicular synovitis/arthritis. The patient was seen on 07/12/2013 by [REDACTED] for a preoperative consultation. The note indicated the patient suffered an injury to the right shoulder in which conservative treatments including physical therapy and medication failed. The patient underwent right shoulder arthroscopy and was recommended physical therapy twice a week, Synvisc One, and continuous passive motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 Day Rental of a Shoulder Continuous Passive Motion (CPM) DOS: 8/2/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion.

Decision rationale: Official Disability Guidelines recommend continuous passive motion as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Though the documentation submitted for review indicates other conservative therapies have failed to provide functional improvement, there was no evidence of measurable function provided. As such, the patient's current condition cannot be determined. The request for continuous passive motion is non-certified.

Soft Good for Shoulder Continuous Passive Motion (CPM) Machine, DOS: 8/2/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Shoulder, Continuous passive motion.

Decision rationale: Because the request for continuous passive motion is non-certified, there is no need for accessories for the machine.

Patient set-up/education and fitting fee, DOS: 8/2/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: Because the request for continuous passive motion is non-certified, there is no need for patient set-up/education and fitting.