

<b>Case Number:</b>	CM13-0054857		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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:

On 04/12/2013, the patient received an orthopedic consultation and was noted to have a right shoulder impingement syndrome with possible partial versus small full-thickness rotator cuff tear. The treating physician opposed the treatment plan including surgery, and the patient failed to improve with further treatment. The consulting orthopedic surgeon recommended authorization for a home continuous passive motion device to assist in restoring motion at an appropriate time following surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: FIFTEEN (15) DAY RENTAL OF A CPM SHOULDER CENTURA:**  
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, Continuous Passive Motion.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address the use of continuous passive motion or related equipment and accessories. The Official Disability

Guidelines/Treatment of Workers' Compensation/Shoulder states that continuous passive motion is not recommended for the shoulder. The medical records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**RETROSPECTIVE: ONE SOFT GOODS SHOULDER CENTURA:** 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, Continuous Passive Motion.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address the use of continuous passive motion or related equipment and accessories. The Official Disability Guidelines/Treatment of Workers' Compensation/Shoulder states that continuous passive motion is not recommended for the shoulder. The medical records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.