

<b>Case Number:</b>	CM13-0057783		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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:

The injured worker is a 58-year-old male who reported an injury on August 27, 2013, after a fall of approximately 4 feet which reportedly caused injury to his left shoulder. The injured worker's treatment history included physical therapy and medications, and corticosteroid injections. The injured worker was evaluated on December 9, 2013. Physical findings included left shoulder range of motion described as 100 degrees in abduction, 145 degrees in forward flexion, and internal rotation to the T9. The injured worker's diagnoses included rotator cuff strain and osteoarthritis of the shoulder. The request was made for a continuous passive motion device rental for 7 to 14 days. No justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUOUS PASSIVE MOTION DEVICE RENTAL FOR SEVEN TO FOURTEEN DAYS:** Upheld

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend continuous passive motion device rentals for patients with adhesive capsulitis. The clinical documentation submitted for review does indicate that the injured worker has persistent limited range of motion of the left shoulder. However, the clinical documentation does not support the diagnosis of adhesive capsulitis. The request for a continuous passive motion device rental for seven to fourteen days is not medically necessary or appropriate.