

Case Number:	CM13-0057929		
Date Assigned:	01/10/2014	Date of Injury:	08/18/2006
Decision Date:	06/05/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	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 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:

The patient is a 45 year old female who was injured on 08/18/2006 who sustained injury to her right shoulder. Mechanism of injury is unknown. Prior treatment history has included 5% Lidoderm patch, Norco 2.5 mg, Tramadol ER 150 mg, Voltaren XR, Hydrocodone 10/325 mg. Diagnostic studies reviewed EMG dated 02/14/2013 with the following impression: 1) No electrical evidence of bilateral carpal tunnel syndrome. 2) No electrical evidence of an ulnar neuropathy of cubital tunnel or Guyon's canal bilaterally. 3) No electrical evidence of generalized peripheral neuropathy affecting the upper extremities. 4) No electrical evidence of cervical radiculopathy or brachial plexopathy affecting the C5 through T1 lower motor nerve fibers of the bilateral upper extremities or the cervical paraspinals. There was no urine analysis submitted for review. Orthopedic consult note dated 10/04/2013 documented the patient to have complaints pain to her right shoulder with a pain level at 9/10. Objective findings on exam upon physical examination showed the patient in no apparent distress; good spirits with normal appearance and well nourished. Examination of the right shoulder revealed range of motion with forward flexion on right 125 degrees and left 180 degrees, extension right 40 degrees and left 50 degrees, abduction right 125 degrees, left 180 degrees, adduction right 40 degrees, left 50 degrees, external rotation right 80 degrees, left 90 degrees and internal rotation right 45 degrees and left 90 degrees. Muscle strength and tone testing 4/5 on the right and 5/5 on the left. Shoulder movement was painful on the right. There were no deficits on sensation/neurologic function. Reflexes in triceps, biceps and brachioradialis were 2+ bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CPM DEVICE FOR 45 DAYS: 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 (CPM).

Decision rationale: The records provided indicate the patient has been approved to undergo right shoulder SAD surgery. According to the Official Disability guidelines continuous passive motion (CPM) is recommended for adhesive capsulitis but not for shoulder rotator cuff problems. The evidence based guidelines do not support use of a CPM device for the post-operative shoulder. Following surgical intervention, a course of supervised physical therapy with instruction in a self-directed home exercise program, is appropriate to improve range of motion deficits. Consequently, the medical necessity for Home CPM Device for 45 days is not established.