

<b>Case Number:</b>	CM13-0060436		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 43-year-old male who sustained an unspecified injury on 02/02/2013. The patient underwent a right shoulder arthroscopic acromioplasty, resection of coracoacromial ligament and subacromial bursa, and arthroscopic resection of the distal clavicle on 11/27/2013. The patient was re-evaluated on 12/05/2013. Upon evaluation, the patient stated there was numbness in his fingers and his pain was 7/10 to 8/10 to the right shoulder. The patient complained of cold sweat and chills and constant pain following surgery. The treatment plan was indicated as Vicodin 5/500 mg 1 every 6 hours as needed for pain, CBC and CMP, and follow-up in 1 week. The patient followed up on 12/12/2013 which noted the treatment plan as remove sutures and for the patient to maintain his appointment with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Continuous Passive Motion Unit, plus soft goods x 21 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 (ODG), 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), Knee and Shoulder, Durable Medical Equipment and Continuous Passive Motion

**Decision rationale:** The request for DME: CPM continuous passive motion unit, plus soft goods x21 days is non-certified. Official Disability Guidelines do not recommend the use of continuous passive motion for shoulder rotator cuff problems as post-surgical treatment. The Guidelines state continuous passive motion can be recommended as an option for adhesive capsulitis. The documentation submitted for review did not indicate the patient had adhesive capsulitis. Official Disability Guidelines do not recommend the use DME in the absence of illness or injury. As the patient does not have a condition for which the equipment should be used, the use of the equipment is not supported. Given the information submitted for review, the request for DME: CPM continuous passive motion unit, plus soft goods x21 days is non-certified.