

Case Number:	CM13-0061769		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2013
Decision Date:	05/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 47year old male who was injured on 04/23/2013when he was rear-ended on the street while stopped. He complained of headache, neck, mid back and right shoulder pain. He has done stretching and strengthening exercises. Prior treatment history has included the patient undergoing a diagnostic/operative right shoulder arthroscopy on 10/18/2013. He has had conservative treatment with physical therapy, ice and anti-inflammatory medication. Diagnostic studies reviewed include x-ray of cervical spine, 5 views revealing there is no evidence of fracture or subluxation. Intervertebral disc height is intact throughout. X-ray of right shoulder, 3 views revealed AC joint degenerative joint disease. MRI of the right shoulder w/o contrast revealed moderate tendinosis of the infraspinatus and supraspinatus tendons with small punctuate Final Determination Letter for IMR Case Number [REDACTED] 3 intrasubstance insertional micro tears at the supraspinatus tendon footprint. No evidence of rotator cuff tear, retraction or muscle atrophy. The progress note dated 10/30/2013 documented the patient is status post arthroscopic decompression, acromioplasty and debridement of the right shoulder. The objective findings on exam of right shoulder reflect he has well healed portals. Sutures were removed. The wounds were Steri Stripped. The assessment is partial rotator cuff tear with impingement and AC joint arthrosis. The recommendation is to start physical therapy for range of motion and gradual strengthening of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER CPM RENTAL X 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Procedure Summary

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: According to the Official Disability guidelines, continuous passive motion (CPM) is recommended as an option for adhesive capsulitis but not for shoulder labral tears or rotator cuff problems. The medical records indicate the patient underwent a diagnostic/operative right shoulder arthroscopy on 10/18/2013, which subsequently included decompression, acromioplasty and debridement. There is no indication of adhesive capsulitis. The guidelines do not support use of a CPM device for this patient's shoulder diagnosis. The requested CPM rental is not the medically necessary.

SHOULDER PAD PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated equipment is medically necessary.