

Case Number:	CM13-0062773		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2013
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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 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:

This 32 year-old female sustained an injury on 3/13/13 while employed by [REDACTED]. Request under consideration include Continuous Passive Motion (CPM) plus soft goods x 21 days rental (E0935, E0188). Report of 10/10/13 from provider noted ongoing shoulder pain despite conservative care. Exam showed limited range of shoulder with flex/ abduction/ ER at 160/ 150/ 70 degrees; motor strength of 4-5/5 with positive impingement signs. Treatment plan included acromioplasty and DCR. The patient is s/p arthroscopic shoulder surgery on 11/13/13. Request for CPM with soft goods x 21 days was non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) plus soft goods x 21 days rental (E0935, E0188): 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 (Acute & amp; Chronic); Knee Chapter, Raab, 1996; BlueCross BlueShield, 2005; and Seida, 2010

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, pg. 910; Knee Chapter, Raab, 1996; BlueCross BlueShield, 2005; and Seida, 2010

Decision rationale: This 32 year-old female sustained an injury on 3/13/13 while employed by [REDACTED]. Request under consideration include Continuous Passive Motion (CPM) plus soft goods x 21 days rental (E0935, E0188). Report of 10/10/13 from provider noted ongoing shoulder pain despite conservative care. Exam showed limited range of shoulder with flex/ abduction/ ER at 160/ 150/ 70 degrees; motor strength of 4-5/5 with positive impingement signs. Treatment plan included acromioplasty and DCR. The patient is s/p arthroscopic shoulder surgery on 11/13/13. Although ODG does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit post shoulder arthroscopy outside the recommendations of the guidelines. The Continuous Passive Motion (CPM) plus soft goods x 21 days rental (E0935, E0188) is not medically necessary and appropriate.