

Case Number:	CM13-0065667		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 47 year-old male who was injured on 3/26/13. On 12/2/13 UR reviewed an 11/13/13 report from [REDACTED] and recommended against a 21-day rental of a CPM machine. Based on the 12/2/13 UR letter, the patient has MRI evidence of SLAP lesion without cuff tear, and exam had positive Obriens, Neers, Hawkins and Jobes tests. Shoulder flexion and abduction were to 150 degrees. The letter states a shoulder surgery was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 DAYS RENTAL OF CONTINOUS PASSIVE MOTION (CPM) MACHINE: Upheld

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

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 Online For: Continuous Passive Motion (CPM).

Decision rationale: The medical reports from the requesting physician are not available. The 12/2/13 UR letter states the ROM in the shoulder is to 150 degrees in flexion and abduction. The 9/9/13 QME report from [REDACTED] notes a rotator cuff tear and labral tear. There is no mention

of adhesive capsulitis. ODG guidelines, shoulder chapter for CPM units states: "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." Based on the available information, the request for a CPM 21-day rental for rotator cuff tear and impingement without evidence of adhesive capsulitis is not in accordance with ODG guidelines. Therefore it is not medically necessary and appropriate.