MAXIMUS Federal Services

Case Number:	CM13-0072742		
Date Assigned:	01/10/2014	Date of Injury:	02/10/2008
Decision Date:	06/23/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational Medicine, 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 44-year-old who has submitted a claim for Industrial Injury to the Right Upper Extremity Status Post Right Shoulder Diagnostic and Operative Arthroscopy, associated with an industrial injury date of February 10, 2008. Medical records from 2013 were reviewed, which showed that the patient complained of right elbow pain with numbness and tingling in the ulnar distribution of his right upper extremity with a burning sensation and discomfort at the medial aspect. On physical examination, the right shoulder showed well-healed arthroscopic portals with slight limitation in range of motion. The right elbow revealed a hypersubluxable ulnar nerve medially with positive Tinel's and Phalen's. Treatment to date has included medications, subacromial injections, right shoulder diagnostic and operative arthroscopy for partial rotator cuff tear (May 8, 2009), post-operative physical therapy for the right shoulder, right endoscopic carpal tunnel release (December 29, 2009), and right elbow cubital tunnel release and anterior subcutaneous ulnar nerve transposition (November 25, 2013). Utilization review from December 5, 2013 denied the request for shoulder CPM rental x 30 days (3 hrs/day) and shoulder CPM pad purchase because there was no evidence that the patient underwent surgery for adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER CPM (CONTINUOUS PASSIVE MOTION) 30 DAYS RENTAL (3 HRS/DAY): 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 Chapter, Continuous Passive Motion (CPM)

Decision rationale: CA MTUS does not specifically address continuous passive motion(CPM). Based on the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems but recommended as an option for adhesive capsulitis, up to five days per week for four weeks. In this case, the patient underwent right shoulder diagnostic and operative arthroscopy for partial rotator cuff tear in May 8, 2009. Guidelines do not recommend CPM for rotator cuff tears. Moreover, the medical records did not provide evidence of adhesive capsulitis.The request for shoulder CPM (continuous passive motion), thirty day rental, three hours per day, is not medically necessary or appropriate.

SHOULDER CPM(CONTINUOUS PASSIVE MOTION). 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 procedure is not medically necessary, none of the associated services are medically necessary.