

<b>Case Number:</b>	CM14-0001035		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, has a subspecialty in Foot and Ankle 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 injured worker is a 42-year-old male who reported an injury on 01/01/2009 to 11/18/2011. The mechanism of injury was cumulative trauma. The injured worker underwent a right shoulder diagnostic and operative arthroscopy on 11/05/2013. The request was made for a shoulder CPM 3 hours a day for 4 weeks. The diagnosis was status post shoulder arthroscopy and rotator cuff surgery.

### 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 RENTAL X 4: Upheld**

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

**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:** The Official Disability Guidelines support the use of continuous passive motion for adhesive capsulitis. It is not recommended for rotator cuff problems. The clinical documentation indicated the injured worker had rotator cuff surgery. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations.

The physician documentation indicated that the request was for CPM 3 hours a day for 4 weeks. The request as submitted was for CPM Rental x4. Given the above, the request for CPM RENTAL X4 is not medically necessary.

**SHOULDER CPM PAD FOR PURCHASE:** 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:** As the request for the CPM rental was found to be not medically necessary, the request for SHOULDER CPM PAD PURCHASE is not medically necessary.