

Case Number:	CM14-0009854		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2005
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 and is licensed to practice in Texas. 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 65 year old male whose date of injury is 09/25/2005. The mechanism of injury is not described. The injured worker has a history of prior right shoulder rotator cuff surgery, left shoulder acromioplasty and left shoulder revision arthroscopic decompression in February 2010. The injured worker is status post right shoulder arthroscopy with subacromial decompression and acromioplasty, bursectomy, synovectomy, distal clavicle resection and debridement on 09/06/13. Note dated 09/18/13 indicates that the injured worker is doing well postoperatively. Re-evaluation dated 10/28/13 indicates that he has been doing well and is making slow and steady progress. Physical examination of the right shoulder reveals 0-125 degrees with forward flexion and abduction. Manual muscle testing is 4-/5 in the right shoulder. Note dated 11/13/13 reports diagnoses of degeneration of cervical intervertebral disc; cervical disc displacement; and cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM(CONTINUOUS PASSIVE MOTION) MACHINE FOR 30 DAY RENTAL FOR RIGHT SHOULDER (10/302013 TO 11/29/2013): 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, CONTINUOUS PASSIVE MOTION (CPM)

Decision rationale: Based on the clinical information provided, the request for continuous passive motion machine for 30 day rental for right shoulder 10/30/13 to 11/29/13 is not medically necessary. The injured worker is status post right shoulder arthroscopy with subacromial decompression and acromioplasty, bursectomy, synovectomy, distal clavicle resection and debridement on 09/06/13. The Official Disability Guidelines recommend the use continuous passive motion for adhesive capsulitis, but not for shoulder rotator cuff problems. The postoperative records indicate the injured worker was progressing as expected, and there is no documentation of the presence of adhesive capsulitis. Therefore the request is not medically necessary.