

Case Number:	CM14-0117485		
Date Assigned:	08/04/2014	Date of Injury:	09/14/2012
Decision Date:	09/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 48 year-old individual was reportedly injured on 9/14/2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 6/20/2014. Indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: limited range of motion, positive tenderness to palpation supraspinatus, greater tuberosity, biceps tendon, and AC joint. Muscle strength 4/5. Reflexes 2+. Cervical spine: positive AC joint compression test, passive impingement, passive internal impingement, 90 active abduction, positive speed test, positive O'Brien pain test. Diagnostic imaging studies which mention an MRI of the right shoulder dated 6/2/2014 which reveals subacromial injury, type to slap tear, and tendinosis of the proximal biceps tendon. Previous treatment includes physical therapy, medications, a request had been made for CPM for the right shoulder #90 days and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit x 90 days, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 2014, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC / Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 4/25/2014).

Decision rationale: CPM is not recommended after shoulder surgery or for nonsurgical treatment. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. Therefore this request is deemed not medically necessary.