

Case Number:	CM14-0126710		
Date Assigned:	08/13/2014	Date of Injury:	09/17/2013
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 61 Y/O male with date of injury of 9/17/13, when he was struck by a truck. He has been complaining of severe pain and discomfort in the left shoulder described as pins and needles sensation as well as pain in the lumbar spine described as throbbing, aching and burning sensation. He has received cortisone injection. He is noted to have shoulder pain with lifting, eaching and holding items above shoulder. Physical exam showed flexion 110 and extension 30 degrees with positive Neer and Hawking's tests. MRI has evealed sequel of AC separation including disruption of AC ligament with widening, tear of coracoclavicular ligament with associated superior subluxation of the clavicle, Supraspinatus and Subscapularis tendinosis was noted. Mild degeneration of the glenohumeral joint including subtle tear of superior labrum. Diagnoses: AC separation with disruption of AC ligament. Treatments: Physical therapy, medications and cortisone injection. The request for CPM 30 days rental was previously denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine for 30 days rental for Left Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

Decision rationale: Per ODG guidelines, CPM is recommended for shoulder adhesive capsulitis. In this case, the injured worker has been diagnosed with Acromioclavicular joint separation and there is no documentation of adhesive capsulitis. Therefore, the request is considered not medically necessary per guideline and the available medical records.