

Case Number:	CM14-0132444		
Date Assigned:	09/18/2014	Date of Injury:	03/11/2008
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 53-year-old patient who sustained a right injury on 3/11/08 from getting a motorcycle while employed by [REDACTED]. Request(s) under consideration include Rental of a shoulder continuous passive motion (CPM) for 30 days and Purchase of a shoulder continuous passive motion (CPM) pad. Diagnoses include Rotator Cuff syndrome/ shoulder impingement/ SLAP tear; s/p left knee meniscectomy (undated). Conservative care has included medications, physical therapy, corticosteroid injections, and modified activities/rest. Report of 2/25/14 from the knee specialist provider noted patient had follow-up for left knee symptoms post arthroscopic meniscectomy (undated). MRI of 2/17/14 showed tricompartment arthritis, mild effusion and postsurgical changes consistent with meniscectomy without new re-tear. Diagnoses list left knee DJD. No exam was documented. Treatment for patient to return to office on P.R.N. if problems continued. Report of 6/17/14 from another orthopedic provider noted the patient with right shoulder pain and discomfort rated at 6-7/10 along with mechanical catching, clicking, and popping s/p course of physiotherapy. Exam showed positive O'Brien's, Neer's, Hawkin's testing with crepitation. There is no report of any surgery planned or authorized. The request(s) for Rental of a shoulder continuous passive motion (CPM) for 30 days and Purchase of a shoulder continuous passive motion (CPM) pad non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of a shoulder continuous passive motion (CPM) for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME (durable medical equipment) for the 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), page 910

Decision rationale: Although the Official Disability Guidelines (ODG) does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit for non-surgical shoulder treatment outside the recommendations of the guidelines. As the Rental of a shoulder continuous passive motion (CPM) for 30 days is not medically necessary and appropriate; thereby, the accessory for Purchase of a shoulder continuous passive motion (CPM) pad is not medically necessary and appropriate.

Purchase of a shoulder continuous passive motion (CPM) pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME (durable medical equipment) for the 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), page 910

Decision rationale: Although the Official Disability Guidelines (ODG) does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit for non-surgical shoulder treatment outside the recommendations of the guidelines. The Rental of a shoulder continuous passive motion (CPM) for 30 days is not medically necessary and appropriate.