

<b>Case Number:</b>	CM14-0133494		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 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 claimant is a 61year old gentleman with a documented date of injury on 07/23/12. The clinical records provided for review included the report of a follow up on 07/31/14 describing tingling and numbness of the digits and right shoulder pain. The recommendation was for right shoulder arthroscopy, subacromial decompression, labral debridement versus repair, rotator cuff repair and bicep tenodesis as conservative treatment had failed. This review is for postoperative requests for an airplane splint and a CPM device for 21-day rental.

### 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 21 day rental with 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) Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Chapter: Continuous passive motion (CPM)

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for 21 day rental

of the CPM device following a shoulder arthroscopy would not be recommended as medically necessary. The Official Disability Guidelines do not recommend the use of a CPM following arthroscopic intervention or tissue repair of the shoulder. There is no documentation to indicate that the claimant would be an exception to the rule. The request for a 21-day use of a CPM device would not be medically necessary.

**SPOC airplane splint:** 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Postoperative abduction pillow sling

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for an airplane splint, also known as abduction immobilization to the shoulder, following this surgery would not be indicated. Typically, abduction immobilization is only indicated for individuals with large and massive rotator cuff tears undergoing repair. While the medical records document that the claimant is authorized to undergo surgery, there is no documentation to support that the claimant has full thickness rotator cuff tearing or retraction to support the use of the airplane splint for immobilization. Therefore, this request is not medically necessary.