

Case Number:	CM14-0143514		
Date Assigned:	11/13/2014	Date of Injury:	06/09/2010
Decision Date:	12/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 and is licensed to practice in Minnesota. 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 48 year old female who underwent arthroscopic subacromial decompression of the right shoulder and distal clavicle excision for impingement syndrome on 7/2/2014. Her date of injury was 6/9/2011. Her preoperative examination revealed evidence of impingement but the range of motion was good and there was no evidence of adhesive capsulitis. The post-op visit of 7/7/2014 documents improvement with less pain. No complications were reported. The disputed issue pertains to a request for Post-Operative Continuous Passive Motion Machine With Pads For The Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Continuous Passive Motion (CPM) Right Shoulder with Pads: 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 chapter

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

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend post-operative continuous passive motion for arthroscopic subacromial decompression or rotator cuff repair. It is recommended as an option for adhesive capsulitis. The request for Post-Operative Continuous Passive Motion Machine and Pad For The Right Shoulder with Pads is not supported by evidence based guidelines and therefore, is not medically necessary.