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| Case Number: | CM14-0157791 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 06/05/2012 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for continued passive motion device and associated supplies. The claims administrator stated that the applicant did not have issues with adhesive capsulitis for which postoperative usage of a CPM device would be indicated. The applicant's attorney subsequently appealed. In a September 8, 2014 progress note, the applicant reported with persistent complaints of back and knee pain. The applicant was described as status post left shoulder arthroscopy. A spine surgery consultation was sought to determine whether or not the applicant was a candidate for surgical intervention involving the shoulder. On March 13, 2014, the applicant reported ongoing issues with shoulder pain secondary to shoulder arthroscopy. The applicant exhibited well-preserved shoulder range of motion to 165 degrees with positive signs of internal impingement. Diagnostic and operative arthroscopy was sought as of that point in time. On May 8, 2014, it was stated that the applicant was pending shoulder surgery on May 9, 2014. The applicant did undergo a diagnostic/operative arthroscopy, shoulder subacromial decompression, acromioplasty, coracoacromial ligament resection, subacromial-subdeltoid bursectomy, distal claviclectomy, and labral debridement to ameliorate preoperative diagnosis of rotator cuff tendinitis, subacromial bursitis, impingement syndrome, partial rotator cuff tear, labral fraying, and acromioclavicular arthritis. Postoperative physical therapy and CPM device were apparently sought. The applicant, it is incidentally noted, was described as having done well postoperatively on an office visit of August 28, 2014, in which it was stated that the applicant had 170 degrees of shoulder flexion and 150 degrees of abduction. Work conditioning was sought to facilitate the applicant's return to work as a sheriff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Shoulder CPM Unit - Rental x 30 days (4 weeks): 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); Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that continuous passive motion devices are recommended in conjunction with home exercise program for treatment of adhesive capsulitis, in this case, however, the applicant does not, in fact, carry a diagnosis of adhesive capsulitis for which a CPM device would have been indicated. The applicant was consistently described, both preoperative and postoperative, as exhibiting well-preserved shoulder range of motion, with flexion and abduction consistently upwards of 150 degrees or greater. The May 9, 2014 operative report findings contained no mention of issues associated with adhesive capsulitis for which postoperative usage of the CPM device would have been indicated. Rather, the applicant carried other diagnoses, issues which are not necessarily amenable to continuous passive motion, per ACOEM. Therefore, the request is not medically necessary.

Shoulder CPM Pad - Purchase: 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); Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for a CPM device. Since that request was deemed not medically necessary, the derivative or companion request for an associated pad is likewise not medically necessary.