

Case Number:	CM14-0174402		
Date Assigned:	10/27/2014	Date of Injury:	04/03/2013
Decision Date:	12/26/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

This 43 year old male was injured at work on 04/02/2013. He complained of left shoulder pain. The injured worker was evaluated by his orthopaedic provider on 04/15/2014 for evaluation of left shoulder pain. He was diagnosed with a SLAP tear, partial rotator cuff tear and bursitis. On physical examination revealed positive Neer and Hawkins impingement sign of left shoulder and range of motion decreased. Plan of care included physical therapy, home strengthening exercise program, subacromial cortisone injections and diagnostic testing. He underwent a left shoulder diagnostic and operative arthroscopy, subacromial decompression, debridement and distal clavicle excision on 06/20/2014. Documentation throughout medical records states that the injured worker was on restricted duty at work followed by being temporarily totally disabled. The Utilization Review dated 09/23/2014 non-certified CPM device X 30 day's rental and CPM shoulder pad, noting no medical necessity with Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM device x 30 days, rental: 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 Procedure Summary

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

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines were therefore used. ODG guidelines indicate post-operative use of shoulder continuous passive motion is not indicated for acromioplasty or rotator cuff repair. It is an option for adhesive capsulitis. Based upon evidence based guidelines the shoulder CPM rental for 30 days is not medically necessary.

CPM Shoulder 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, Shoulder

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

Decision rationale: As the continuous passive motion machine is not medically necessary, the CPM pad is also not medically necessary.