

<b>Case Number:</b>	CM14-0182349		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 pain syndrome, adjustment disorder, chronic neck pain, chronic shoulder pain, chronic low back pain, and major depressive disorder reportedly associated with an industrial injury of June 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; topical compounds; and extensive periods of time off work. In a utilization review report dated October 16, 2014, the claims administrator denied a request for a continuous passive motion (CPM) device on the grounds that the attending provider had reportedly failed to document the applicant's shoulder exam. No guidelines were cited to augment the utilization review report. The claims administrator stated that its denial was based on a September 12, 2014, progress note. In a psychiatric medical-legal evaluation of February 6, 2014, it was acknowledged that the applicant was off work, on total temporary disability. The applicant presented with a host of complaints, including neck pain, back pain, headaches, and insomnia. The applicant was given a primary psychiatric diagnosis of adjustment disorder with mixed anxiety and depressed mood with resultant on global assessment of functioning (GAF) of 50. The medical-legal evaluator posited that the applicant was temporarily totally disabled from a mental health perspective. In a July 11, 2014, progress note, the applicant reported ongoing complaints of right shoulder pain. Limited range of motion was noted in all planes. The applicant was given a diagnosis of shoulder impingement syndrome versus bursitis versus acromioclavicular degenerative joint disease. The note was very difficult to follow. A shoulder surgery consultation was sought. MRI imaging of the shoulder was also sought while the applicant was given a prescription for Norco. The applicant's work status was not clearly stated on this occasion. In a September 25, 2014, rheumatology note, the applicant was placed off

work, on total temporary disability, from a rheumatology perspective owing to multifocal pain complaints, fatigue, malaise, hand pain, and difficulty sleeping. The operating diagnosis included gouty arthropathy and post laminectomy syndrome of the cervical spine. The applicant was to continue colchicine, Uloric, Diclofenac, Prilosec, and topical tramadol. In a comprehensive second opinion orthopedic shoulder surgery consultation on September 12, 2014, the applicant reported 8/10 shoulder pain. The applicant exhibited 155 to 160 degrees of right shoulder forward flexion and abduction. 4/5 right upper extremity strength was appreciated versus 5/5 left upper extremity strength. MRI imaging of the shoulder of July 28, 2014, was reviewed and demonstrated changes suggestive of impingement syndrome with no evidence of a rotator cuff tear or labral tear. The attending provider suggested that the applicant was an excellent candidate for a right shoulder arthroscopic evaluation, arthroscopic decompression, and possible distal claviclectomy. A preoperative medical clearance and a home continuous passive motion device were endorsed for postoperative use purposes. The applicant was also asked to employ a Surgi-Stim multimodality transcutaneous electrotherapy device along with a continuous cooling unit postoperatively.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CPM Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS does not address the topic of continuous passive motion devices. While the Third Edition ACOEM Guidelines do acknowledge that continuous passive motion (CPM) is recommended in conjunction with a home exercise program in the treatment of adhesive capsulitis, in this case, however, the applicant does not carry a diagnosis of adhesive capsulitis for which CPM would be indicated. The applicant has been given diagnosis of shoulder impingement syndrome, a diagnosis for which CPM is not explicitly recommended, per ACOEM. It is further noted that the applicant's presentation on the office visit in question on September 12, 2014, including well-preserved range of motion with flexion and abduction of 155- to 160-degree range about the affected right shoulder, would argue against the presence of any element of adhesive capsulitis present here. No compelling applicant-specific rationale or medical evidence to support selection of this particular modality in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.