

Case Number:	CM14-0026545		
Date Assigned:	06/13/2014	Date of Injury:	07/29/2009
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 employee is a 70-year-old female injured on July 29, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 6, 2014 indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased range of motion of the right shoulder with pain, stiffness, and pain with end of motion. Decreased right shoulder strength was also noted. There was a diagnosis of bilateral shoulder impingement syndrome and bilateral carpal tunnel syndrome. Treatment plans included a subacromial steroid injection, and continued rehabilitation for the right shoulder to include a home exercise program. A request had been made for continuous passive motion machine and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM 3 WEEK RENTAL WITH PATIENT PADS RT SHOULDER: 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) Shoulder (Acute & Chronic), Continuous passive motion, Updated April 25, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a continuous passive motion machine (CPM) is only indicated for shoulder conditions which include adhesive capsulitis. Although the attached medical record does state that the injured employee has decreased range of motion to the right shoulder it is not stated specifically how much motion nor is there a diagnosis of adhesive capsulitis. For these reasons, this request for a continuous passive motion machine for the right shoulder is not medically necessary.