

<b>Case Number:</b>	CM14-0032731		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/08/2004
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 claimant is a 45-year-old with an industrial injury dated June 8, 2014. Claimant was diagnosed with symptomatic hardware, status post lumbar fusion, chronic low back pain, left shoulder subacromial bursitis with tendinitis and rotator cuff tear dated January 2, 2014. Prior treatments include shoulder surgery, physical therapy, and medications. Patient reports range of motion as limited and painful states exam note January 2, 2014. No evidence of adhesive capsulitis in exam notes. The claimant is status post left shoulder SAD, rotator cuff debridement, synovectomy, bursectomy dated September 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO-CPM RENTAL (21 DAYS): 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, Continuous Passive Motion.

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

**Decision rationale:** The CA MTUS/ACOEM guidelines is silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion

(CPM), a CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. There is no evidence preoperatively or postoperatively of adhesive capsulitis in the cited records from January 2, 2014. There is no indication for the medical necessity of a CPM as compared to traditional postoperative physical therapy. The request for a CPM device rental for 21 days is not medically necessary or appropriate.