

<b>Case Number:</b>	CM14-0039373		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/25/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of July 25, 2010. A Utilization Review was performed on March 19, 2014 and recommended non-certification of CPM rental, shoulder x 15 days, date of service 12/7/13. The patient underwent arthroscopic right shoulder subacromial decompression, distal clavicle resection (Mumford procedure), extensive debridement of partial thickness undersurface, supraspinatus and infraspinatus tendon tear, and extensive debridement of superior degenerative type I SLAP tear on October 25, 2013. A PT Initial Evaluation dated November 13, 2013 identifies Chief Complaint of pain located on the anterior and superior joint line and bicep muscle. Objective Examination identifies left MMT +4/5 and right 3 to 3+/5. Right arm tender to palpation at incisions that have healed. Right AROM flexion 100, abduction 78, external rotation - 45 degrees 40, internal rotation 45 degrees 32. Diagnoses identify joint pain - shoulder. Plan identifies rehabilitative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM RENTAL SHOULDER TIMES 15 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.

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

**Decision rationale:** Regarding the request for CPM rental shoulder times 15 days, California MTUS and ACOEM do not contain criteria for this treatment modality. The ODG states continuous passive motion is not recommended after shoulder surgery or for nonsurgical treatment. Therefore, the requested CPM rental shoulder times 15 days is not medically necessary.