

Case Number:	CM14-0049413		
Date Assigned:	07/07/2014	Date of Injury:	01/10/2012
Decision Date:	08/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 worker is a 56-year-old female who reported injury on 01/10/2012. The injured worker's diagnosis included sprain of the rotator cuff. The mechanism of injury was not provided. The injured worker underwent a left shoulder decompression and Mumford procedure on 02/26/2014. Prior therapies included physical therapy and a prior right rotator cuff debridement, subacromial decompression and distal clavicle excision in 2012. The documentation indicated the injured worker would have a necessity for a continuous passive motion device for 45 days to assist in restoring function and to decrease the risk of developing adhesions and soft tissue contractions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 2/26/14) request for 15 Day rental for a CPM (continuous passive motion machine) for the 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 (Acute & Chronic).

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

Decision rationale: The Official Disability Guidelines indicate that CPM is appropriate treatment for adhesive capsulitis for up to 20 days. It is not recommended for rotator cuff problems. The clinical documentation submitted for review while indicating the physician opined the injured worker should utilize the CPM machine, there was a lack of documentation indicating the injured worker had adhesive capsulitis. Given the above, the request retrospective request for 15 day rental for CPM for the shoulder is not medically necessary.

Retrospective (DOS: 2/26/14) request for 1 soft goods shoulder (Centura): 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The durable medical equipment is equipment which could not only be rented and used by successive patients, is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to provide specifically what soft goods shoulder (Centura) was being requested. There was a lack of documentation to indicate the device would meet Medicare's definition of durable medical equipment. Given the above, the retrospective request for 1 soft goods shoulder (Centura) is not medically necessary.

Retrospective (DOS: 2/26/14) request for 1 disposable chair cover: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable medical equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The durable medical equipment is equipment which could not only be rented and used by successive patients, is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. The Official Disability Guidelines go on to indicate that certain DME toilet items including commodes are medically necessary if the injured worker is in bed or room confined. There was a lack of documentation indicating the injured

worker was in bed or room confined. There was a lack of documentation indicating the request met Medicare's definition of durable medical equipment. Given the above, the retrospective request for 1 disposable chair cover date of service 02/26/2014 is not medically necessary.