

Case Number:	CM14-0053083		
Date Assigned:	07/07/2014	Date of Injury:	12/18/2011
Decision Date:	10/20/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation 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 patient is a 37 year old male who was injured on 12/18/2011. The mechanism of injury is unknown. The patient underwent an arthroscopic subacromial decompression and acromioplasty (revision); arthroscopic resection of coracoacromial ligament; arthroscopic extensive subacromial and subdeltoid bursectomy; glenohumeral synovectomy/debridement; distal clavicle resection; Mumford procedure (revision); debridement of labrum and labral fraying; debridement of partial rotator cuff tear; and excision of subacromial scar tissue on 02/07/2014. Progress report dated 01/21/2014 states the patient presented for re-evaluation of his left shoulder. He continues to be symptomatic and has difficulty with overhead activities and difficulty sleeping at night due to the pain. On exam, forward flexion and abduction to 90 degrees, internal rotation is to SI joint and manual muscle testing 3-/5 in all planes. The patient is scheduled for operative arthroscopy for his left shoulder. He has been recommended for a shoulder CPM unit rental and shoulder CMP. Prior utilization review dated 04/09/2014 states the request for Shoulder CPM unit rental times 30 days; and Shoulder CPM pad is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM unit rental times 30 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, Shoulder Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continuous Passive Motion, Shoulder.

Decision rationale: Regarding the request for CPM purchase. It is noted that the prescription written by the treating physician is for CPM usage three hours per day for four weeks. There is no request by the physician for purchase of a CPM unit for this patient. The MTUS guidelines indicate that continuous passive motion can be an appropriate short term (4 weeks) adjunctive treatment for the post operative shoulder. Therefore, the treating physician's prescription for four weeks of therapy is appropriate and medically indicated. The request for CPM unit is not medically necessary.

Shoulder CPM pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure Summary

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

Decision rationale: Regarding the request for CPM purchase. It is noted that the prescription written by the treating physician is for CPM usage three hours per day for four weeks. There is no request by the physician for purchase of a CPM unit for this patient. The MTUS guidelines indicate that continuous passive motion can be an appropriate short term (4 weeks) adjunctive treatment for the post operative shoulder. Therefore, the treating physician's prescription for four weeks of therapy is appropriate and medically indicated. The request for CPM unit is not medically necessary.