

Case Number:	CM14-0055074		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	12/31/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; and consultation with a shoulder surgeon who endorsed left shoulder surgery. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for continuous passive motion device with associated supplies, including pads. In a January 9, 2014 preoperative history and physical, it was stated that the applicant was scheduled for left shoulder rotator cuff repair surgery. Preoperative laboratory testing was endorsed. In a February 13, 2014 RFA form; continuous passive motion device was sought. Preprinted order form was employed, with little-to-no narrative commentary. In a November 19, 2013 orthopedic note, the applicant was given diagnosis of partial tear of supraspinatus tendon, tendinosis of supraspinatus tendon, suspected labral tear, carpal tunnel syndrome, and de Quervain's tenosynovitis. The applicant exhibited well preserved range of motion about the injured shoulder, with flexion to 176 degrees. Authorization for shoulder surgery, wrist home exercise kit, and a shoulder CPM device were endorsed, along with a 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days Rental Shoulder CPM with Pads, Left 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM V.3; Shoulder, Specific Disorders, Adhesive Capsulitis, Education, Exercise, and Therapy

Decision rationale: The MTUS does not address the topic. While the third edition ACOEM Guidelines do acknowledge that continuous passive motion (CPM), the modality at issue, is recommended in conjunction with a home exercise program in the treatment of adhesive capsulitis, in this case, however, the applicant does not, in fact, carry a diagnosis of adhesive capsulitis for which a continuous passive motion device would be indicated. The applicant's stated diagnosis was that of shoulder rotator cuff tear. This is not an indication for an introduction and/or ongoing usage of CPM, per ACOEM. Therefore, the request is not medically necessary.