

<b>Case Number:</b>	CM14-0073238		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

According to the records made available for review, this is a 46-year-old male with a 11/27/10 date of injury, and left shoulder arthroscopy with subacromial decompression, resection of coracoacromial ligament, acromioplasty, abd debridement on 3/14/14. At the time (4/22/14) of the Decision for Rental of shoulder CPM 3 hours per day for four weeks and Purchase of shoulder CPM pad, there is documentation of subjective (left shoulder pain) and objective (decrease left shoulder range of motion) findings, current diagnoses (grade 3-4 advanced glenohumeral osteoarthritis), and treatment to date (medications). There is no documentation of adhesive capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of shoulder CPM 3 hours per day for four weeks:** 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) - Treatment in Workers Compensation

**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, Continuous passive motion (CPM)

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of adhesive capsulitis up to 4 weeks/5 day per week, as criteria necessary to support the medical necessity of continuous passive motion. ODG also notes that continuous passive motion is not recommended for shoulder rotator cuff problems, after shoulder surgery, or for nonsurgical treatment. Within the medical information available for review, there is documentation of a diagnosis of grade 3-4 advanced glenohumeral osteoarthritis. However, there is no documentation of adhesive capsulitis. Therefore, based on guidelines and a review of the evidence, the request for Rental of shoulder CPM 3 hours per day for four weeks is not medically necessary.

**Purchase of shoulder CPM pad.:** 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), Shoulder Chapter, Continuous passive motion (CPM)

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of adhesive capsulitis up to 4 weeks/5 day per week, as criteria necessary to support the medical necessity of continuous passive motion. ODG also notes that continuous passive motion is not recommended for shoulder rotator cuff problems, after shoulder surgery, or for nonsurgical treatment. Within the medical information available for review, there is documentation of a diagnosis of grade 3-4 advanced glenohumeral osteoarthritis. However, there is no documentation of adhesive capsulitis. Therefore, based on guidelines and a review of the evidence, the request for Purchase of shoulder CPM pad is not medically necessary.