

Case Number:	CM14-0078364		
Date Assigned:	07/18/2014	Date of Injury:	10/26/2012
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on October 26, 2012. The mechanism of injury is noted as hitting her right shoulder on a door. The most recent progress note dated June 30, 2014, indicates that there are ongoing complaints of neck pain and right shoulder pain. The physical examination demonstrated decreased range of motion of both the cervical spine and the right shoulder. It was recommended that the injured employee continue physical therapy. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery x 2, physical therapy and oral medications. A request had been made for a 4 to 6 week rental of a continuous passive motion unit for the right shoulder and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Unit , 4-6 week rental; right 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: 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, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines the use of continuous passive motion is not recommended for shoulder rotator cuff problems but as an option for adhesive capsulitis for up to four weeks' time. A review of the attached medical record indicates that the injured employee has had a rotator cuff tear and impingement syndrome. However despite the decreased range of motion of the right shoulder there is no diagnosis of adhesive capsulitis. Considering this, the request for the use of a continuous passive motion unit for 4 to 6 weeks as a rental for the right shoulder is not medically necessary.