

Case Number:	CM14-0081510		
Date Assigned:	07/18/2014	Date of Injury:	03/11/2012
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Illinois. 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 59-year-old male who reported an injury on 03/11/2012. The mechanism of injury was not provided in the medical records. The clinical note dated 03/24/2014 indicated a diagnosis of left shoulder, with MRI revealing rotator cuff tear, partial impingement, and bursitis. The injured worker reported pain and discomfort in the left shoulder. On physical exam of the left shoulder, the injured worker had a positive Neer and Hawkins sign. The injured worker was scheduled for an operative arthroscopy of the left shoulder on 04/25/2014. The injured worker's prior treatments included diagnostic imaging, arthroscopy of the left shoulder, and medication management. The provider submitted a request for a shoulder continuous passive motion (CPM) device; 3 to 4 week rental. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM device 3-4 week rental: 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 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), Shoulder, Continuous passive motion (CPM).

Decision rationale: The request for Shoulder CPM x 3/4 weeks rental, minimum of 3-4 hours per day is non-certified. The Official Disability Guidelines do not recommend continuous passive motion (CPM) for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for adhesive capsulitis. In addition, the guidelines do not recommend a CPM for rotator cuff issues. Moreover, the request did not indicate which shoulder the CPM was for, Therefore, the request is non-certified.

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 (ODG), 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), Shoulder, Continuous passive motion (CPM).

Decision rationale: As the CPM is not indicated at this time, the shoulder CPM pad would not be medically necessary.