

<b>Case Number:</b>	CM14-0085989		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Orthopedic Surgery 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 55-year-old female food packer sustained an industrial injury on 5/11/10. Injury occurred when she tripped over a box and fell, landing on her hands and knees. The patient underwent right thumb trigger release surgery on 9/15/10 and right knee arthroscopic meniscectomy with debridement on 2/6/14. The 2/24/11 left shoulder MRI impression documented glenoid labrum findings suspicious for tear, evidence of supraspinatus impingement, mild glenohumeral joint effusion, and proximal biceps tenosynovitis. The 4/9/14 orthopedic report indicated the patient was doing well post right knee surgery with continued left shoulder pain. Left shoulder exam documented range of motion as flexion 160, abduction 160, and external rotation 70 degrees, with internal rotation to T10. There was no evidence of instability. Impingement tests were positive. There were positive anterior and posterior acromioclavicular joint stress tests. There was 4/5 abduction and external rotation weakness. The treatment plan recommended arthroscopic acromioplasty and distal clavicle resection with associated post-operative durable medical equipment and physical therapy. The 5/19/14 utilization review denied the request for continuous passive motion after shoulder surgery based on no guidelines support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion (CPM) for one month:** 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 Comp 18TH edition, 2013 Updates, Shoulder Chapter - CPM units.

**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 patient is a 55-year-old female food packer sustained an industrial injury on 5/11/10. Injury occurred when she tripped over a box and fell, landing on her hands and knees. The patient underwent right thumb trigger release surgery on 9/15/10 and right knee arthroscopic meniscectomy with debridement on 2/6/14. The 2/24/11 left shoulder MRI impression documented glenoid labrum findings suspicious for tear, evidence of supraspinatus impingement, mild glenohumeral joint effusion, and proximal biceps tenosynovitis. The 4/9/14 orthopedic report indicated the patient was doing well post right knee surgery with continued left shoulder pain. Left shoulder exam documented range of motion as flexion 160, abduction 160, and external rotation 70 degrees, with internal rotation to T10. There was no evidence of instability. Impingement tests were positive. There were positive anterior and posterior acromioclavicular joint stress tests. There was 4/5 abduction and external rotation weakness. The treatment plan recommended arthroscopic acromioplasty and distal clavicle resection with associated post-operative durable medical equipment and physical therapy. The 5/19/14 utilization review denied the request for continuous passive motion after shoulder surgery based on no guidelines support.