

Case Number:	CM13-0030707		
Date Assigned:	11/27/2013	Date of Injury:	01/27/2013
Decision Date:	04/02/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male injured worker suffered an industrial injury on 1/27/2013. The diagnoses were left shoulder tendinosis with impingement, left synovitis shoulder and left shoulder rotator cuff pathology. The treatments were left arthroscopy. The treating provider reported complaints of pain, restricted motion and weakness of the shoulder. The Utilization Review Determination on 9/16/2013 non-certified: 1. Soft goods for upper extremity cpm; for purchase, for left shoulder, MTUS ACOEM. 2. Shoulder continuous passive motion (cpm) x 21 day rental for left shoulder, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER CONTINUOUS PASSIVE MOTION (CPM) X 21 DAY RENTAL FOR LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) (1) Shoulder

(Acute & Chronic), Continuous passive motion (CPM) (2) Shoulder (Acute & Chronic), Immobilization.

Decision rationale: The claimant is more than one year status post work-related injury and underwent extensive left shoulder arthroscopic surgery. Continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems, but can be but recommended as an option for adhesive capsulitis. Benefits of mobilization after surgery include earlier return to work, decreased pain, swelling, and stiffness, and a greater preserved range of joint motion, with no increased complications. Immobilization is also a major risk factor for developing adhesive capsulitis. In this case, the claimant has a history of extensive shoulder problems including adhesive capsulitis. Therefore, the requested CPM unit rental was medically necessary.

SOFT GOODS FOR UPPER EXTREMITY CPM; FOR PURCHASE, FOR LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) (1) Shoulder (Acute & Chronic), Continuous passive motion (CPM) (2) Shoulder (Acute & Chronic), Immobilization.

Decision rationale: The claimant is more than one year status post work-related injury and underwent extensive left shoulder arthroscopic surgery. Continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems, but can be but recommended as an option for adhesive capsulitis. Benefits of mobilization after surgery include earlier return to work, decreased pain, swelling, and stiffness, and a greater preserved range of joint motion, with no increased complications. Immobilization is also a major risk factor for developing adhesive capsulitis. In this case, the claimant has a history of extensive shoulder problems including adhesive capsulitis and rental of a CPM has been requested and is appropriate. Therefore, the requested purchase of the items needed to use the machine is medically necessary.