

Case Number:	CM14-0121061		
Date Assigned:	09/16/2014	Date of Injury:	07/04/2011
Decision Date:	04/14/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 7/4/2011. The diagnoses have included rotator cuff (capsule) sprain and other affections of shoulder region, not elsewhere classified. Treatment to date has included surgical intervention and conservative measures. On 5/02/2014, the injured worker underwent diagnostic and operative arthroscopy of his right shoulder, with acromioplasty, decompression, debridement, and distal clavicle excision. On 5/15/2014, progress report noted that overall the injured worker was doing "great". Incisions were healed and no signs of infection were noted. A prescription was noted for shoulder continuous passive motion (3 hrs per day for 4 weeks). Recommendation included starting range of motion and gradual strengthening with physiotherapy. On 6/30/2014, Utilization Review non-certified a retrospective request for continuous passive motion unit for shoulder (rental for 30 days-date of service 5/02/2014) and continuous passive motion pad (5/02/2014), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Shoulder CPM (continuous passive motion) unit, rental for 30 days, DOS 5/2/14: 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 (TWC) Shoulder Procedure Summary last updated 4/25/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/CPM.

Decision rationale: MTUS does not discuss this request. ODG does discuss Continuous Passive Motion for the shoulder and concludes that this is not recommended because multiple studies have shown no improvement in function, pain, range of motion, or strength. Therefore the request for a CPM unit and associated pad are not medically necessary.

Retrospective request: CPM (continuous passive motion) pad, DOS 5/2/14: 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 (TWC) Shoulder Procedure Summary last updated 4/25/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/CPM.

Decision rationale: MTUS does not discuss this request. ODG does discuss Continuous Passive Motion for the shoulder and concludes that this is not recommended because multiple studies have shown no improvement in function, pain, range of motion, or strength. Therefore the request for a CPM unit and associated pad are not medically necessary.