

Case Number:	CM14-0145915		
Date Assigned:	09/12/2014	Date of Injury:	06/16/2013
Decision Date:	01/09/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 New York. 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 has a date of injury June 16, 2013. The patient has chronic right shoulder pain. The patient is a 58-year-old who underwent right shoulder surgery on July 18, 2014. The surgery consisted of diagnostic arthroscopy, subacromial decompression, acromioplasty and resection of the coracoacromial ligament. The patient also had a Mumford procedure partial rotator cuff repair. The medical records indicate that the patient is in satisfactory conditions postoperatively and there is no postoperative complication. At issue is whether CPM use for 30 days after surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM Pads, purchase, 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-Treatment in Workers' Compensation, Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter

Decision rationale: Since CPM uses not medically necessary than all associated items with CPM use to include shoulder pads and other accessories for CPM use not needed.