MAXIMUS Federal Services

Case Number:	CM14-0189990		
Date Assigned:	11/21/2014	Date of Injury:	05/10/2011
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine 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 claimant is a 63 y/o male who sustained an industrial injury on 05/10/2011. The mechanism of injury was not provided for review. His diagnoses include low back pain, lumbar spine DJD, sciatica and right shoulder rotator cuff/biceps tendon tear. He is status post right shoulder arthroscopic acromioplasty, distal clavicle resection, rotator cuff and possible SLAP repair, and biceps tendon tenodesis on 08/26/2014. Per the progress report form 10/26/2014 there was no subjective or objective complaints. The treating provider has requested ongoing use of CPM machine, and Ambien x 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Use of CPM Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: Continuous passive motion (CPM) devices are used during the first phase of rehabilitation following a soft tissue surgical procedure or trauma. The goals of phase 1

rehabilitation are: control post-operative pain, reduce inflammation, provide passive motion in a specific plane of movement, and protect the healing repair or tissue. CPM is carried out by a CPM device, which constantly moves the joint through a controlled range of motion; the exact range is dependent upon the joint, but in most cases the range of motion is increased over time. CPM is used following various types of reconstructive joint surgery such as knee replacement and ACL reconstruction. Its mechanisms of action for aiding joint recovery are dependent upon what surgery is performed. Per the reviewed guidelines, CPM is not recommended for the shoulder. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Ambien x10 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien

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

Decision rationale: Zolpidem is a short-acting non-benzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Zolpidem may be habit forming. There are no subjective findings of insomnia noted in the medical record. There is documentation of depression and anxiety but no mention of insomnia requiring pharmacotherapy. The medical necessity for Zolpidem has not been established. The requested treatment is not medically necessary.