

Case Number:	CM14-0192004		
Date Assigned:	11/25/2014	Date of Injury:	08/01/2013
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/15/2014

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:

53 year old female claimant with an industrial injury dated 08/01/13. MRI dated 01/11/14 reveals a degenerative SLAP tear, subacromial bursitis, and supraspinatus tendinitis. Exam note 08/29/14 states the patient returns with right shoulder pain. Conservative treatments include physical therapy, and cortisone injections all in which provided little pain relief. Upon physical exam there was evidence of tenderness over the biceps, and AC joint. The patient completed a limited range of motion with pain, and demonstrated weakness overall due to the pain. Treatment includes a continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion machine x 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous passive motion

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion

(CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis from 8/29/14, the determination is not medically necessary.