

<b>Case Number:</b>	CM14-0203246		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Emergency 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 patient is a 51-year-old male who was injured on December 20, 2011. The patient continued to experience pain in cervical spine and left shoulder. Physical examination was notable for spasm and tenderness to the cervical paraspinal muscles, positive distraction test, positive shoulder depression test, and tenderness to the left shoulder muscles, and left rotator cuff shoulders. Diagnoses included bursitis/tendonitis left shoulder, partial tear of rotator cuff tendon, and sleep disorder. Treatment included medications, physical therapy, acupuncture, and surgery. Requests for authorization for soft good pad for left shoulder, ultrasling for left shoulder, and CPM device one month rental were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft good pad for purchase left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

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

**Decision rationale:** Soft good pad kits are used with continuous passive motion (CPM) devices. CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. For rotator cuff tears it is not recommended after shoulder surgery or for nonsurgical treatment. It is recommended for adhesive capsulitis. In this case there is no documentation of decreased range of motion of the shoulder to support the diagnosis of adhesive capsulitis. CPM is not indicated. Therefore the soft good pad is not medically necessary and appropriate.

**Ultrasling for purchase left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

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

**Decision rationale:** Ultrasling is a device used for the immobilization of the shoulder. Immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". The request is not medically necessary.

**CPM for 1 month rental left 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, Shoulder, continuous passive motion (CPM)

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

**Decision rationale:** Continuous Passive Motion (CPM) is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. For rotator cuff tears it is not recommended after shoulder surgery or for nonsurgical treatment. It is recommended for adhesive capsulitis. In this case there is no documentation of decreased range of motion of the shoulder to support the diagnosis of adhesive capsulitis. CPM is not indicated. The request is not medically necessary.