

Case Number:	CM14-0203438		
Date Assigned:	12/15/2014	Date of Injury:	05/07/2007
Decision Date:	02/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab 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:

The patient is a 36 year old female with date of injury 5/07/07. The treating physician report dated 10/06/14 (41) indicates that the patient presents with pain affecting the right shoulder. The physical examination findings reveal forward flexion of the right shoulder is about 120 degrees and abduction is about 100 degrees. She does have a lot of scapular weakness and scapulothoracic motion is hindered. Prior treatment history includes physical therapy, medications and right shoulder arthroscopy, subacromial decompression and mini-Mumford procedure on 6/24/14. MRI findings reveal mild supraspinatus and subscapularis tendinitis near their intersections. The current diagnoses are: 1.Right and left hand carpal tunnel release2.Disc bulges at C4-C5, C5-C6 and C6-C73.Migraine headaches4.Chronic thoracic strain5.Alleged psyche and sleep disorder6.Right shoulder arthroscopy, subacromial decompression and mini-Mumford procedure on 6/24/14 with inadequate physical therapy, now developing postoperative frozen shoulderThe utilization review report dated 10/31/14 modified the request for CPM for the right shoulder for home use to 30-day rental of CPMT for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM for the right shoulder for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, 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 (CPM).

Decision rationale: The patient presents with right shoulder pain. The current request is for CPM of the right shoulder for home use. The treating physician states that the patient did not have adequate physical therapy post-surgery but is doing a lot better since switching to Kinetics Physical Therapy. The ODG guidelines state that continuous passive motion is recommended for adhesive capsulitis up to 4 weeks/5 days a week. In this case, the treating physician has requested a CPM for home use. The patient has developed post-surgical adhesive capsulitis. CPM is recommended for adhesive capsulitis and has been found to provide a better response in pain reduction than physical therapy. While CPM usage may be of benefit to this patient, the treating physician has not documented the frequency and duration of CPM usage and there are limitations on time treatment based on the ODG guidelines. The current request is an open ended request with no frequency or duration specified thus making it not medically necessary.