

<b>Case Number:</b>	CM14-0061768		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48 year old female, who sustained an industrial injury on 04/01/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having shoulder/arm sprain not otherwise specified, wrist sprain not otherwise specified, and ganglion not otherwise specified. Treatment to date has included laboratory studies, use of continuous passive motion, physical therapy, and medication regimen. In a progress note dated 03/06/2014 the treating physician reports complaints of ongoing pain and limitation of motion to the right shoulder. Documentation provided did not contain a specific request for continuous passive motion (CPM), but on 03/06/2014 the treating physician requested intense post-operative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) Shoulder Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Passive Motion (CPM), page 910.

**Decision rationale:** Although ODG does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit post shoulder arthroscopy outside the recommendations of the guidelines. The unspecified CPM is not medically necessary and appropriate.