

Case Number:	CM15-0164032		
Date Assigned:	09/01/2015	Date of Injury:	03/19/2015
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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: Pennsylvania, Ohio, 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 34 year old female who sustained an industrial injury on March 19, 2015. She is employed as a police department dispatcher. The accident was described as while working training for searches in jail cells, she had her hands behind her back in simulation when the instructor came behind her pushing her hands downward and toward the body when she felt immediate pain in the left shoulder. The initial evaluation dated July 23, 2105 reported subjective complaint of left shoulder pain. Objective findings showed mildly positive impingement; abduction, external rotation strongly positive; positive radiographic evidence from magnetic imaging done on May 01, 2015 showing torn glenoid labrum and high grade almost complete supraspinatus tear. She is to continue work until surgery is performed. There is recommendation for the following services: 24 post-operative physical therapy sessions with possibility of extension; crucial need for post-operative continuous passive motion unit for the first 10 days following surgery; sling. Of note, she has a history for a previous left shoulder injury in 2005 for which she underwent arthroscopy doing fairly well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) machine rental for 10 days: 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), Shoulder (Acute & Chronic) (updated 7/30/15), 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) OTD/TWC/Shoulder.

Decision rationale: MTUS does not discuss this request. ODG discusses continuous passive motion to the shoulder as experimental in nature. The records in this case do not support an alternate rationale for this request. The request is not medically necessary.