

Case Number:	CM15-0166141		
Date Assigned:	09/03/2015	Date of Injury:	09/27/2013
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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 31 year old male who sustained an industrial injury on 09/02/13. Initial complaints and diagnoses are not available. Treatments to date include medications. Per the notes the injured worker could not tolerate anti-inflammatories. Diagnostic studies include MRIs of the right shoulder and lumbar spine. Current complaints include pain in the right shoulder, neck, right hand, low back, and radicular pain. Current diagnoses include sprains and strains of the neck, synovitis of the shoulder, and swelling of joint. In a progress note dated 08-04-15 the treating provider reports the plan of care as right shoulder surgery with associated services, and a lumbar epidural steroid injection. The requested treatments include a shoulder continuous passive motion machine and soft goods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM x 21 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, 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.

Decision rationale: MTUS does not discuss this topic. ODG states that CPM is not recommended for the shoulder. The records in this case do not provide an alternate rationale. Therefore shoulder CPM and related soft goods are not medically necessary.

CPM Soft Goods x1: 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 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.

Decision rationale: MTUS does not discuss this topic. ODG states that CPM is not recommended for the shoulder. The records in this case do not provide an alternate rationale. Therefore shoulder CPM and related soft goods are not medically necessary.