

<b>Case Number:</b>	CM15-0192366		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female who sustained an industrial injury June 10, 2008. Past history included status post right shoulder arthroscopy, subacromial decompression, distal clavicle resection, debridement of SLAP lesion and bursectomy, June 18, 2015. According to a primary treating physician's progress report dated August 26, 2015, the injured worker presented with complaints of soreness and sensitivity to light touch in the right shoulder and numbness in the right fingers that radiates into the right upper extremity. She has completed (2) sessions of acupuncture without benefit thus far. Physical examination revealed: right shoulder- mild tenderness, active range of motion flexion 180 degrees, extension 40 degrees, abduction 180 degrees, adduction 40 degrees, internal rotation 50 degrees and external rotation 80 degrees; tenderness in the cervical spine- active range of motion flexion 40 degrees, extension 60 degrees, and lateral rotation 40 degrees bilaterally. Diagnoses are sprain, strain of the cervical spine; status post right shoulder subacromial decompression; thoracic outlet syndrome. At issue is the request for authorization for CPM (continuous passive motion) unit, right shoulder 21 day rental and a synthetic sheep skin pad, right shoulder 21 day rental. According to utilization review dated September 11, 2015, the requests for A CPM unit right shoulder Quantity: (1) per 06-10-2015 and synthetic sheepskin pad, 21 day rental, right shoulder, per 06-10-2015, is non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continuous passive motion (CPM) unit, right shoulder, Qty 1, 21 day rental:** 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 (Acute & Chronic) - 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, CPM.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty. 2. Anterior cruciate ligament reconstruction. 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The ODG states only for use up to 21 days postoperatively. The request is not for post surgical use. The ODG also states this equipment may be used for adhesive capsulitis with restricted range of motion. The patient does not have this diagnosis or significant restriction in range of motion on exam. Therefore, the request is not medically necessary.

**Synthetic sheepskin pad, right shoulder, Qty 1, 21 day rental:** 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 (Acute & Chronic) - 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, CPM.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty. 2. Anterior cruciate ligament reconstruction. 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The ODG states only for use up to 21 days postoperatively. The request is not for post surgical use. The ODG also states this equipment may be used for adhesive capsulitis with restricted range of motion. The patient does not have this diagnosis or significant restriction in range of motion on exam. Therefore, the request is not medically necessary.