

Case Number:	CM15-0026928		
Date Assigned:	02/19/2015	Date of Injury:	12/16/2013
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 12/16/2013. He has reported subsequent shoulder and upper extremity pain and was diagnosed with bursitis of the shoulder region, carpal tunnel syndrome and left shoulder muscle strain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 12/18/2014, objective physical examination findings of the left shoulder were notable for a positive arc sign, positive impingement test, gross weakness of the rotator cuff musculature, clicking of the AC joint, and tenderness of the supralateral aspect of the shoulder in bursal extension and rotator cuff. A recent MRI confirmed a Type II acromion bursitis and rotator cuff tendinitis and the physician recommended surgical decompression of the shoulder. The physician noted that the injured worker would need postoperative durable medical equipment including an abduction pillow brace for support, compression pump for clot prevention and functional restoration in the form of a continuous passive motion machine. A request for authorization of durable medical equipment was made. On 01/30/2015, Utilization Review non-certified a request for durable medical equipment (continuous passive motion rental x 30 days), noting that there was no indication of adhesive capsulitis. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion rental x 30 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, CPM.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the exam note of 12/18/14, the determination is for non-certification.