

Case Number:	CM15-0028998		
Date Assigned:	02/23/2015	Date of Injury:	04/15/2013
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained an industrial injury on 04/15/2013. Current diagnoses include sprain of neck, sprain lumbar region, rotator cuff rupture, and fracture of upper end tibia-close. Previous treatments included medication management, right knee surgery on 08/27/2014, left shoulder arthroscopic surgery, and physical therapy. Report dated 01/29/2015 noted that the injured worker is one week post op. Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for shoulder continuous passive motion machine, soft goods, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM, soft goods: 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 Procedure Summary

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

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and specifically state that continuous passive motion is not medically necessary s/p shoulder or rotator cuff surgery. The only exception to this recommendation is the complication of adhesive capsulitis, that is not demonstrated in this individual. There are no unusual circumstances to justify an exception to Guidelines. The Shoulder CPM with associated soft goods is not supported by Guidelines and is not medically necessary.