

<b>Case Number:</b>	CM15-0029223		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Emergency 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 56 year old male, who sustained an industrial injury on 03/07/2014. The diagnoses have included rotator cuff tendonitis, subacromial bursitis, and impingement, partial rotator cuff tear, labral tear, glenohumeral chondromalacia, and acromioclavicular synovitis /arthritis. Noted treatments to date have included right shoulder surgery, physical therapy, and medications. No MRI report noted in received medical records. In an operative note dated 08/01/2014, the injured worker presented with complaints of right shoulder injury. The operating physician reported the injured worker failed conservative non operative measures. Utilization Review determination on 01/22/2015 non-certified the request for Shoulder CPM (continuous passive motion) Rental for 30 days and Shoulder CPM pad purchase citing Medical Treatment Utilization Schedule, Official Disability Guidelines, and Blue Cross of California Medical Policy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shoulder CPM rental for 30 days DOS: 8/4/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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, Shoulder (Acute & Chronic), Continuous Passive Motion.

**Decision rationale:** The requested shoulder CPM rental for 30 days DOS: 8/4/2014 is not medically necessary. The California MTUS is silent and Official Disability Guidelines, Shoulder (Acute & Chronic) do not recommend CPM for rotator cuff injuries. In an operative note dated 08/01/2014, the injured worker presented with complaints of right shoulder injury. The operating physician reported the injured worker failed conservative non operative measures. The treating physician has not documented the medical necessity for this therapeutic intervention as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met. Therefore, the request for Shoulder CPM rental for 30 days DOS: 8/4/2014 is not medically necessary.

**Shoulder CPM pad purchase DOS: 8/4/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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, Shoulder (Acute & Chronic), Continuous Passive Motion.

**Decision rationale:** The requested shoulder CPM pad purchase DOS: 8/4/2014 is not medically necessary. The California MTUS is silent and Official Disability Guidelines, Shoulder (Acute & Chronic) do not recommend CPM for rotator cuff injuries. In an operative note dated 08/01/2014, the injured worker presented with complaints of right shoulder injury. The operating physician reported the injured worker failed conservative non operative measures. The treating physician has not documented the medical necessity for this therapeutic intervention as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met. Therefore, the request for Shoulder CPM pad purchase DOS: 8/4/2014 is not medically necessary.