

Case Number:	CM15-0037781		
Date Assigned:	03/06/2015	Date of Injury:	05/06/2011
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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 69-year-old male, who sustained an industrial injury on May 6, 2011. He has reported pain in the neck, shoulder, left arm, ribs, stomach, back and low back with associated stress, anxiety, depression and insomnia. The diagnoses have included chest contusion, rib fractures, chronic thoracic sprain, chronic cervical sprain with multilevel disc bulges, left shoulder adhesive capsulitis and tendon tear with bursitis, acromion type III, adjustment disorder with depressed mood, pain disorder, headaches, gastritis secondary to non-steroidal anti-inflammatory agent use and obesity. Treatment to date has included radiographic imaging, diagnostic studies, psychosocial therapy consultation, conservative therapies, medications and work restrictions. Currently, the IW complains of pain in the neck, shoulder, left arm, ribs, stomach, back and low back with associated stress, anxiety, depression and insomnia. The injured worker reported an industrial injury in 2011, resulting in the above described physical and psychological pain. He has been treated conservatively without resolution of the pain. He has had pain injections and uses pain medication to maintain function. He reported feeling anxiety, fear and depression since the injury as well as chronic physical pain. He reported not being able to use his left arm preventing him from picking up his grandkids and inhibiting his ability to perform activities of daily living. Evaluation on September 10, 2014, revealed continued psychological and physical pain. Evaluation on November 5, 2014, revealed continued pain. He reported an improvement after the last pain injection however, the pain returned. Left shoulder surgery was requested as was a follow up with the psychiatrist. Evaluation on

December 3, 2014, revealed continued pain. He was not able to tolerate narcotics secondary to stomach pain. Surgery for the left shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op CPM Machine for 4 Week Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: 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 12/3/14, the determination is for non-certification.

Post-Op Home Therapy Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Exercise page 46 and 47 state the exercise is recommended. "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." As the guidelines do not recommend any particular exercise program, there is lack of medical necessity for a home therapy kit. Therefore, determination is for non-certification.