

<b>Case Number:</b>	CM15-0042866		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 48 year old female who sustained an industrial injury on January 20, 2015. She has reported injury to her right shoulder, right arm, right wrist, and right hand and has been diagnosed with cervical disc syndrome, right shoulder rotator cuff syndrome, lumbar facet syndrome, right shoulder impingement, right medial epicondylitis, and right carpal tunnel syndrome. Treatment has included surgery, medication, medical imaging, physical therapy, and acupuncture. Currently the injured worker has tenderness and spasm to the right deltoid with decreased range of motion. The treatment request included DME purchase; CPM pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of CPM pad:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, CPM.

**Decision rationale:** This patient presents with the right shoulder pain. The patient underwent right shoulder surgery on 01/20/15. The request is for purchase of CPM pad. RFA dated 01/15/15 shows 30 day rental of shoulder CPM with pads. The patient remains temporarily and totally disabled for 45 days per 01/26/15 report. Per 01/15/15 report, the treater noted that "CPM is recommended for home use after surgery for 30 days. The CPM is designed to keep the joint mobile not allowing for scar tissue to build-up. Using the CPM will also increase blood flow, in turn decreasing pain, all the while improving post-surgical range of motion." Regarding the CPM use, ODG guideline shoulder chapter states "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. In this case, the patient is diagnosed with the right shoulder rotator cuff syndrome. The guideline does not recommend the CPM use for shoulder rotator cuff problems after shoulder surgery or for nonsurgical treatment. Therefore, the purchase of CPM pad IS NOT medically necessary.