

<b>Case Number:</b>	CM15-0054134		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old male, who sustained an industrial injury on 6/03/2011, while employed as a field service worker. He reported injury to his low back while raking and shoveling gravel. The injured worker was diagnosed as having right shoulder arthroscopic surgery on 8/21/2014, status post a previous superior labral tear from anterior to posterior repair and subacromial decompression of the right shoulder, lumbar strain, lumbar radiculopathy, and L5-S1 disc bulge. Treatment to date has included diagnostics, chiropractic, epidural steroid injections, and medications. A prescription for durable medical equipment, including continuous passive motion rental for 21 days for the right shoulder, shoulder sling, interferential unit, and cold therapy unit was noted on 7/31/2014. A surgery date of 8/21/2014 was anticipated due to right shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Plus Soft Goods x 21 days for the lumbar spine and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Evaluation of the patient with shoulder complaints. Topic 238, version 23.0. UpToDate, accessed 05/17/2015. Chou R, et al. Subacute and chronic low back pain: Pharmacologic and noninterventional treatment. Topic 7770, version 30.0. UpToDate, accessed 05/17/2015. Martin GM, et al. Total knee arthroplasty. Topic 7967, version 14.0. UpToDate, accessed 04/01/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature and accepted Guidelines strongly support treatment after a total knee arthroplasty with a well-structured physical therapy program. Such a program should include elements of improving range of motion, muscle strengthening, therapy on walking, and improved function. While continuous passive motion devices are often used after surgery, recent literature has not shown significant benefits. The literature does not support its use for ongoing pain in the lower back or shoulder. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both knees and shoulder discomfort. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for continuous passive motion (CPM) therapy plus soft goods for 21 days for the lumbar spine and right shoulder is not medically necessary.