

Case Number:	CM15-0055105		
Date Assigned:	03/30/2015	Date of Injury:	10/22/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37 year old male, who sustained an industrial injury on 10/22/13. He reported left shoulder pain with burning sensations. The injured worker was diagnosed as having osteoarthritis of left shoulder. Treatment to date has included activity restrictions, 12 physical therapy visits, non-steroidal anti-inflammatory medications, pain medication and cortisone injections to left shoulder and left shoulder acromioplasty with distal clavicle resection. X-rays of left shoulder were taken on 1/8/15. Currently, the injured worker complains of left shoulder pain and stiffness. Upon physical exam dated 1/8/15, healed incisions are noted; no tenderness is noted to palpation and a slight decrease in range of motion is detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of CPM (continuous passive motion) for the left shoulder, provided on date of service: 06/06/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

Decision rationale: MTUS and ACOEM are silent on continuous passive motion of the shoulder. ODG 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. Medical records do not indicate that this patient is undergoing treatment for adhesive capsulitis. As such, the request for 30 day rental of CPM (continuous passive motion) for the left shoulder, provided on date of service: 06/06/14 is not medically necessary at this time.

Purchase of CPM (continuous passive motion) pad, provided on date of service: 06/06/14:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous passive motion (CPM).

Decision rationale: MTUS and ACOEM are silent on continuous passive motion of the shoulder. ODG 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. Medical records do not indicate that this patient is undergoing treatment for adhesive capsulitis. As such, the request for Purchase of CPM (continuous passive motion) pad, provided on date of service: 06/06/14 is not medically necessary at this time.