

Case Number:	CM15-0056149		
Date Assigned:	04/01/2015	Date of Injury:	04/19/2012
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 19, 2012. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for a shoulder continuous passive motion device rental. The claims administrator referenced a progress note of February 5, 2015 and a RFA form of February 10, 2015 in its determination. The applicant's attorney subsequently appealed. In said RFA form of February 10, 2015, shoulder CPM device and a bone density scan were proposed. In an associated progress note of February 5, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder arthroscopy. The applicant was on Vicodin, tramadol, Flexeril, and Naprosyn, it was incidentally noted. The applicant exhibited arthroscopic portals with no signs of infection at present. The applicant had apparently undergone a shoulder rotator cuff repair surgery to ameliorate a preoperative diagnosis of complete tear of supraspinatus tendon. A CPM device was endorsed for postoperative recovery for a rotator cuff tear. The applicant was placed off work, on total temporary disability. Topical compounded medications were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM rental x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Shoulder Specific Disorders Adhesive Capsulitis Education, Exercise, and Therapy.

Decision rationale: No, the request for continuous passive motion machine rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Shoulder Chapter does recommend continuous passive motion (CPM) in conjunction with a home exercise program for treatment of adhesive capsulitis. In this case, however, the primary operating diagnosis here was that of complete rotator cuff tear of the supraspinatus tendon status post earlier shoulder surgery. The applicant did not appear to have any signs or symptoms of adhesive capsulitis evident on February 5, 2015 office visit in question. There was no mention of the applicant's carrying a diagnosis of adhesive capsulitis on that date. Therefore, the request was not medically necessary.