

Case Number:	CM15-0057204		
Date Assigned:	04/02/2015	Date of Injury:	09/27/2014
Decision Date:	09/02/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 injured worker is a(n) 39 year old male, who sustained an industrial injury on 9-27-14. He reported pain in his right shoulder. The injured worker was diagnosed as having right shoulder strain with impingement and rotator cuff tear. Treatment to date has included a right shoulder subacromial decompression on 3-11-15 and physical therapy. As of the PR2 dated 2-24-15, the injured worker reports continued pain and weakness in the right shoulder. His surgery has been authorized. Objective findings include forward flexion 90 degrees, abduction 90 degrees and external rotation 65-70 degrees. The treating physician requested a continuous passive motion device. Preoperative there is no exam findings consistent with adhesive capsulitis and this diagnosis was not reported. Postoperative there was limited ROM that improved to normal by mid June '15.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- continuous passive motion machine: 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), Continuous passive motion.

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 Guidelines do not address this issue. ODG Guidelines directly address this issue in detail and do not recommend the routine use of a CPM machine post shoulder surgery. The qualifying exception is for adhesive capsulitis (frozen shoulder) and there is no evidence that this was present preoperative or post operative. Under these circumstances, the DME-continuous passive motion machine is/was not supported by Guidelines and is/was not medically necessary.