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| <b>Case Number:</b>   | CM15-0080737 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 01/12/2014 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 41-year-old female, who sustained an industrial injury on 01/12/2014. She has reported injury to the right shoulder. The diagnoses have included severe impingement syndrome, possible rotator cuff tear right shoulder. Treatment to date has included medications, diagnostic studies, physical therapy, and injection. Medications have included Tramadol, Naproxen, Flexeril, and Prilosec. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right shoulder and neck; and rare tingling in the left hand. Objective findings included right shoulder tenderness with positive crepitus; and positive empty can, cross over, and Hawkin's tests. The treatment plan has included surgical intervention. The requests are for pneumatic intermittent compression; and continuous passive motion plus pads, for 21 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Intermittent Compression:** 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) Treatment Index, 11th Edition (web), 2013, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder surgery, compression.

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested medication. The ODG does recommend compression services or cryotherapy after surgery for up to 14 days. However, the ODG does not recommend this service post shoulder surgery. The patient will be undergoing shoulder surgery and therefore the request is not medically necessary.

**Continuous Passive Motion Plus Pads, for 21 days:** 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) Treatment Index, 11th Edition (web), current year, Shoulder Continuous passive motion.

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

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested medication. The ODG does recommend continuous passive motion after surgery for up to 21 days. However, the ODG does not recommend this service post shoulder surgery. The patient will be undergoing shoulder surgery and therefore the request is not medically necessary.