

<b>Case Number:</b>	CM15-0086657		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male, who sustained an industrial injury on September 4, 2014. He reported loss of consciousness, bilateral hip and back pain after falling 25 feet from a construction site. The injured worker was diagnosed as having right proximal fibular fracture, a lumbar 1 burst fracture and right shoulder strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right minimally displaced proximal fibular fracture, conservative therapies, physical therapy, back orthotics, medications and work restrictions. Currently, the injured worker complains of severe low back pain and lower extremity pain exacerbated with knee movements. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 4, 2014, revealed continued pain as noted. It was noted he wore a back brace for support. Evaluation on January 20, 2015, revealed continued right knee and shoulder pain, neck pain, hearing difficulty and back pain. It was noted he showed some improvement with physical therapy. A continuous passive motion (CPM) machine was requested for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Day Rental of Continuous passive motion (CPM) for the 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, Integrated treatment/disability duration - Shoulder (Acute & Chronic).

**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:** Continuous passive motion (CPM) right shoulder is not medically necessary per the ODG Guidelines. The ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The documentation does not indicate that the patient meets the criteria for a CPM machine as there is no evidence of adhesive capsulitis therefore this request is not medically necessary.