

Case Number:	CM14-0143179		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2013
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female with a date of injury of 05/08/2013. The listed diagnoses per [REDACTED] are: 1. Arthrofibrosis, right shoulder. 2. Right shoulder impingement. According to progress report 07/09/2014, the patient presents with continued pain in the right shoulder. She is limited with overhead activities and she has failed conservative treatment including medication, therapy, and injections. Examination revealed decreased range of motion in the right. The patient does complain of increasing pain toward terminal range of motion. There is paraspinal muscular tenderness to palpation. The patient has been recommended for shoulder arthroscopy with release of adhesions. This is a request for "durable medical equipment, CPM 360 x2 weeks rental, soft good pad for purchase." Utilization review denied the request on 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM 360 For Two Week Rental, Soft Good Pad For Purchase: 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) ODG guidelines on CPM for shoulder:

Decision rationale: This patient presents with continued pain in the right shoulder. The treater has recommended shoulder surgery and postoperative CPM 360 x2 weeks rental and soft good pad for purchase. Review of the medical file indicates the patient underwent right shoulder arthroscopy on 08/08/2014. The ACOEM and MTUS do not discuss Continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its shoulder chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." The request for .Shoulder CPM 360 For Two Week Rental and Soft Good Pad are not medically necessary.