

Case Number:	CM14-0145173		
Date Assigned:	09/12/2014	Date of Injury:	09/09/2013
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice 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:

34 year old male claimant sustained a work injury on 9/9/13 involving the right shoulder. He was diagnosed with right shoulder impingement syndrome and right rotator cuff tendonitis. He had undergone therapy and used oral analgesics for pain. An MRI on 10/8/13 indicated tearing of the supraspinatus tendon and subscapularis tendon of the right shoulder. There was general joint degeneration. There was also a possible superior labral tear from anterior to posterior (SLAP) lesion due to superior labral tearing. A progress note on 2/13/14 indicated the claimant was scheduled for arthroscopy, decompression, acromioplasty and debridement of the right shoulder on 3/28/14. There was a request for post-operative 30 day rental of a shoulder CPM and rental of a shoulder CPM pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Continuous passive motion (CPM) Unit Rental times 30 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: Shoulder Procedure Summary (Updated 7/27/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Pain

Decision rationale: A shoulder CPM machine is designed to provide passive range of motion therapy to patients in the post-operative period. Although the ACOEM guidelines do not specifically mention a CPM machine, stabilization exercises are recommended when passive range of motion is less than active range of motion without evidence of laxity. According to the ODG guidelines, range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. CPM is not recommended for rotator cuff problems. It is recommended as an option for adhesive capsulitis for 20 days over 4 weeks. In this case, there is no indication of adhesive capsulitis. The exam /condition of the shoulder post-operatively is unknown. Based on the guidelines and insufficient clinical indication, the request for a shoulder CPM rental unit is not medically necessary.

Shoulder CPM Pad Purchase 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: Shoulder Procedure Summary (Updated 7/27/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Pain

Decision rationale: As noted in Item1, a shoulder CPM unit is not medically necessary. Therefore the purchase of a CPM pad is not medically necessary.