

Case Number:	CM14-0162751		
Date Assigned:	10/07/2014	Date of Injury:	03/31/2014
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 60-year-old male who reported an injury when a 35 pound piece of equipment slipped as he was lifting it on 03/31/2014. On 06/04/2014, his diagnoses included right shoulder strain/sprain, lumbar sprain/strain, right shoulder labral tear and right shoulder rotator cuff tear. On 07/14/2014, his complaints included continuous lower back pain radiating to his legs and feet with numbness, tingling and weakness, and continuous right shoulder pain radiating to his right elbow and the right side of his neck. On 08/21/2014, the treatment noted that he had just begun physical therapy and would finish in about 3 weeks. There was a recommendation for surgery if there was no noted improvement after the physical therapy. A Request for Authorization dated 06/04/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: CPM Unit times 4 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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: The request for DME CPM unit times 4 weeks' rental is not medically necessary. The Official Disability Guidelines do not recommend continuous passive motion for shoulder rotator cuff problems. They are not recommended after shoulder surgery for rotator cuff tears or for nonsurgical treatment. The guidelines do not support the use of this piece of equipment. Additionally, a body part or parts that were to have been treated were not indicated in the request. Therefore, this request for DME CPM unit times 4 weeks' rental is not medically necessary.