

Case Number:	CM14-0094985		
Date Assigned:	07/25/2014	Date of Injury:	11/12/2012
Decision Date:	09/22/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 06/20/2012. The mechanism of injury was not specifically stated. Current diagnoses include back strain, cervical strain, muscle spasm, left cubital tunnel syndrome, left shoulder strain, shoulder impingement, shoulder osteoarthritis, rotator cuff tear, biceps rupture, and symptomatic impingement. The latest physician progress report submitted for this review is documented on 05/13/2014. The injured worker reported persistent right shoulder pain. Previous conservative treatment is noted to include physical therapy and medication management. The current medication regimen includes Naproxen. Physical examination on that date revealed normal findings. There was no physical examination of the bilateral shoulders provided on that date. Treatment recommendations at that time included a prescription for ibuprofen 200 mg. It is noted that the injured worker was pending a right shoulder surgery that was scheduled for 05/14/2014. There was no Request for Authorization form submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder elbow orthotic quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Passive Motion.

Decision rationale: As the injured worker's CPM exercise device has not been authorized, the associated request is also not medically necessary.

Shoulder orthotic quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Passive Motion.

Decision rationale: As the injured worker's CPM exercise device has not been authorized, the associated request is also not medically necessary.

Soft goods for shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Passive Motion.

Decision rationale: As the injured worker's CPM exercise device has not been authorized, the associated request is also not medically necessary.

CPM Shoulder exercise device: 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 and Knee chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Passive Motion.

Decision rationale: The Official Disability Guidelines do not recommend continuous passive motion for shoulder/rotator cuff problems, but recommend them as an option for adhesive capsulitis for up to 4 weeks/5 days per week. The injured worker does not maintain the diagnosis of adhesive capsulitis. Therefore, the medical necessity has not been established. As such, the request is not As such, the request is not medically necessary and appropriate.

