

Case Number:	CM14-0098159		
Date Assigned:	07/28/2014	Date of Injury:	07/24/2013
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation 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 injured worker is a 62-year-old male who reported an injury on 07/24/2013. The mechanism of injury was not provided for clinical review. The diagnoses included rotator cuff tear, right shoulder, contusion of the right hip, contusion of the right elbow, status post tennis elbow release, and ventral hernia. The previous treatments included medication and surgery. Within the clinical note dated 04/23/2014, it was reported the injured worker complained of right shoulder pain. He rated his pain 2/10 in severity. The injured worker reported his pain was exacerbated by reaching and raising of his right arm. Upon physical examination, the provider noted tenderness over the anterior aspect of the right shoulder. Active range of motion was flexion at 120 degrees on the right and extension at 30 degrees on the right. The provider requested a CPM machine x 1 month postoperatively after right shoulder surgery. The Request for Authorization was submitted and dated on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x 1 month: 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, Continuous passive motion.

Decision rationale: The request for CPM times 1 month is not medically necessary. The Official Disability Guidelines do not recommend the use of a continuous passive motion machine for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis up to 4 weeks, 5 days per week. There is a lack of documentation indicating the injured worker is treated for or diagnosed with adhesive capsulitis. The request submitted failed to provide a treatment site. Additionally, the guidelines do not recommend the use of CPM for the rotator cuff problems. Therefore, the request is not medically necessary.