

Case Number:	CM15-0016261		
Date Assigned:	02/04/2015	Date of Injury:	12/17/2010
Decision Date:	07/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 17, 2010. In a Utilization Review report dated January 23, 2015, the claims administrator failed to approve a request for a continued passive motion (CPM) device. The applicant's attorney subsequently appealed. In a letter dated February 4, 2015, the attending provider stated that the applicant had undergone recent biceps tenodesis surgery and manipulation under anesthesia surgery to ameliorate an operating diagnosis of adhesive capsulitis of the right shoulder. The attending provider suggested that the applicant be provided with a CPM device on the grounds that the applicant had had a favorable outcome using a CPM device for the contralateral shoulder, also operated-upon several years prior. The attending provider stated that the CPM device was intended to facilitate the applicant's recovery postoperatively and/or facilitate return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine x 21 days: Overturned

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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, page 221.

Decision rationale: Yes, the request for a CPM device 21-day rental was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of continuous passive motion (CPM); however, the Third Edition ACOEM Guidelines Shoulder Chapter does acknowledge that continuous passive motion devices are recommended in the treatment of adhesive capsulitis, i.e., one of the diagnoses reportedly present here. The attending provider reported on February 4, 2015 that the applicant had undergone a biceps tenodesis and manipulation under anesthesia procedure to ameliorate issues with adhesive capsulitis and that the CPM device at issue was intended to facilitate the applicant's mobilization postoperatively. This was an appropriate role for usage of CPM, per ACOEM. Therefore, the request is medically necessary.