

<b>Case Number:</b>	CM15-0018509		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 40 year old male, who sustained an industrial injury on February 19, 2012. The diagnoses have included right shoulder industrial injury and right shoulder status post arthroscopy, decompression, acromioplasty and debridement on October 18, 2013. Currently, the injured worker complains of re-evaluation of the right shoulder status post diagnostic and operative arthroscopy of the right shoulder with decompression and debridement and debridement on October 18, 2013. In a progress note dated October 29, 2013, the treating provider reports well healed arthroscopic portals. On January 29, 2015 Utilization Review non-certified a retro CPM for shoulder quantity 4 and retro CPM shoulder pads quantity 1, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO CPM(Continuous Passive Motion)for shoulder, starting 10/18/13 #4:** 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 chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous passive motion (CPM)

**Decision rationale:** MTUS and ACOEM are silent on continuous passive motion of the shoulder. ODG states "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." In this case the patient has had previous major shoulder surgery on 10/18/13 and is not currently diagnosed with adhesive capsulitis. As such the request for RETRO CPM(Continuous Passive Motion)for shoulder, starting 10/18/13 #4 is not medically necessary.

**Retro CMP (Continuous Passive Motion) shoulder pad date of services 10/18/13#1:** 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 chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous passive motion (CPM)

**Decision rationale:** MTUS and ACOEM are silent on continuous passive motion of the shoulder. ODG states "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." In this case the patient has had previous major shoulder surgery on 10/18/13 and is not currently diagnosed with adhesive capsulitis. As such the request for Retro CMP (Continuous Passive Motion) shoulder pad date of services 10/18/13#1 is not medically necessary.