MAXIMUS Federal Services

Case Number:	CM15-0128978		
Date Assigned:	07/15/2015	Date of Injury:	02/27/2004
Decision Date:	08/26/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 60-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 27, 2004. In a Utilization Review report dated June 6, 2015, the claims administrator failed to approve requests for CPM device and associated supplies in the form of softgoods. A May 29, 2015 office visit and/or associated RFA were referenced in the determination. The claims administrator contended that the applicant had undergone a shoulder arthroscopy on April 30, 2015 and that the CPM device had been dispensed on the same date. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of shoulder pain, 6-7/10. The applicant had completed eight sessions of physical therapy, it was reported. The applicant was on Motrin and Flexeril for pain relief, it was noted. Flexeril and additional physical therapy were sought. The applicant exhibited 180 degrees of shoulder flexion with 90 degrees of shoulder abduction on passive range of motion testing. The applicant was given diagnosis of chronic neck pain status post earlier cervical fusion and chronic shoulder pain status post earlier rotator cuff repair surgery with subacromial decompression. Low back, knee, and hip pain were also incidentally discussed. On May 26, 2015, the applicant again reported postoperative shoulder pain. The applicant was asked to continue passive range of motion exercise using the CPM device in question. The applicant was asked to employ Flexeril and Norco for pain relief while remaining off of work, on total temporary disability. Once again, the applicant was given diagnosis of

shoulder pain status post right shoulder rotator cuff repair surgery and subacromial decompression on April 30, 2015. The applicant was kept off of work, on total temporary disability. Tramadol was endorsed on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective CPM machine/kit (rental or purchase) DOS 4/30/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221.

Decision rationale: No, the request for continuous passive motion (CPM) device was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of continuous passive motion devices. While the Third Edition ACOEM Guidelines do recommend continuous passive motion in conjunction with a home exercise program for treatment for adhesive capsulitis, here, however, the applicant was never given a diagnosis of adhesive capsulitis. The applicant was described on multiple progress notes, referenced above, as having ongoing shoulder pain complaints status post rotator cuff repair surgery and subacromial decompression surgery. Adhesive capsulitis never appeared in the diagnosis list on progress notes of April 15, 2015, May 11, 2015, May 26, 2015, or June 17, 2015. Therefore, the request was not medically necessary.

Retrospective use of soft goods DOS 4/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221.

Decision rationale: Similarly, the request for retrospective usage of softgoods was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, affiliated with the primary request for a CPM device. Since that request was deemed not medically necessary above, in question #1, the derivative or companion request for associated softgoods was likewise not medically necessary.

CPM machine/kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221.

Decision rationale: Similarly, the request for a CPM machine/kit purchase was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do recommend continuous passive motion (CPM) in conjunction with a home exercise program in the treatment of adhesive capsulitis, here, however, there was no mention of the applicant's carrying a diagnosis of adhesive capsulitis on progress notes of June 17, 2015, May 26, 2015, or May 11, 2015. On those dates, the applicant was given an operating diagnosis of shoulder pain status post right shoulder rotator cuff repair surgery and subacromial decompression on April 30, 2015. There was no mention of the applicant's carrying a diagnosis of adhesive capsulitis for which the CPM device in question would have been indicated. Therefore, the request was not medically necessary.

Soft goods: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221.

Decision rationale: Finally, the request for "softgoods" was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one which accompanied the primary request for a continuous passive motion (CPM) device. This request seemingly represented a request for supplies associated with said CPM device. Since that request was deemed not medically necessary above, the derivative or companion request for associated softgoods was likewise not medically necessary.