

Case Number:	CM15-0071485		
Date Assigned:	04/21/2015	Date of Injury:	04/23/2014
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 41 year old male who sustained an industrial injury on 4/23/14 when he was hit in the head and left shoulder with two pieces of lumbar dropped from approximately four feet. He currently complains of neck pain radiating to left arm with localized pain to his left shoulder. The neck pain is associated with left sided occipital, left sided temporal and left sided frontal headaches. Without medications he rates his pain 10/10. He reports his activities of daily living are limited in areas of hand function, sexual and sleep due to pain. Medications are Orudis, Norflex, alprazolam, diclofenac, Ketoprofen, Soma. Diagnoses include cervical spine strain/sprain with underlying C4 through C6 spondylosis; contusion of left shoulder; left shoulder pain, impingement syndrome; head contusion; anxiety. Treatments to date include medications which have helped physical therapy with limited benefit, left shoulder injection times two with a few weeks' relief and symptoms returned. Diagnostics include x-ray of the left shoulder (no date) unremarkable; x-ray of the cervical spine (no date) showing degenerative disc disease; MRI of the cervical spine (2/16/15) abnormal; MRI of the left shoulder (2/16/15) abnormal. In the progress note dated 2/20/15 the treating provider's plan of care indicates still awaiting appointment with pain management. As for the left shoulder he has failed conservative treatment including medication, physical therapy and steroid injections and he continues to be symptomatic. Authorization is requested for left shoulder arthroscopic decompression and the requested treatment per application and utilization review is for subsequent post-operative continuous passive motion machine for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative CPM machine x21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 20th annual edition) & Official Disability Guidelines-Treatment in Workers' Compensation (13th annual edition), 2015 Shoulder.

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.

Decision rationale: This 41 year old male has complained of shoulder pain and neck pain since date of injury 4/23/14. He has been treated with injections, physical therapy and medications. The current request is for post-operative CPM machine for 21 days. Per the ODG guidelines cited above, CPM is recommended as an option for adhesive capsulitis of the shoulder. There is no documentation supporting this diagnosis in the available medical records. On the basis of the available medical documentation and per the ODG guidelines cited above, post-operative CPM machine for 21 days is not medically necessary.