

Case Number:	CM13-0027217		
Date Assigned:	11/22/2013	Date of Injury:	01/21/2013
Decision Date:	01/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 57-year-old male who reported an injury on 01/21/2013. The patient is currently diagnosed with industrial injury to the left shoulder and status post left shoulder diagnostic arthroscopy on 08/16/2013. The patient was recently seen by [REDACTED] on 08/28/2013. The patient presented for the initial postoperative visit for the left shoulder. Physical examination revealed well healed arthroscopic portals, removed sutures, and evidence of erythema and drainage from the anterior portal. Treatment recommendations included ice therapy, anti-inflammatories, and physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM shoulder rental for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Passive Motion.

Decision rationale: Official Disability Guidelines state continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive

capsulitis, up to 4 weeks/5 days per week. As per the clinical notes submitted, the patient does not maintain a diagnosis of adhesive capsulitis. Official Disability Guidelines further state continuous passive motion is not recommended after shoulder surgery. The medical necessity of the requested equipment has not been established, as such, the request is non-certified.

CPM soft goods purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Passive Motion.

Decision rationale: Official Disability Guidelines state continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. As per the clinical notes submitted, the patient does not maintain a diagnosis of adhesive capsulitis. Official Disability Guidelines further state continuous passive motion is not recommended after shoulder surgery. The medical necessity of the requested equipment has not been established, as such, the request is non-certified.