

<b>Case Number:</b>	CM14-0141909		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on January 17, 2012. The most recent progress note, dated March 3, 2014, indicates that there were ongoing complaints of neck pain, bilateral shoulder pain, and bilateral wrist arm and hand pain. The physical examination demonstrated decreased cervical spine range of motion with spasms. There was tenderness along the cervical spine and upper trapezius with trigger points. There was decreased sensation over the bilateral hands and decreased strength with deltoid, biceps, and wrist flexion extension. There was tenderness at the shoulder acromioclavicular joints, bicipital tendon groove, and along the supraspinatus. There was tenderness along the elbows at the medial and lateral joint lines and a positive Tinel's test at the elbows. There was also a positive Tinel's and Phalen's test at the wrist. Diagnostic imaging studies of the right shoulder revealed a glenoid labrum tear, and AC joint separation, and signs of impingement. An MRI the left shoulder also revealed an AC joint separation. Nerve conduction studies of the upper extremities indicated evidence of right-sided carpal tunnel and cubital tunnel syndrome. Previous treatment includes right shoulder surgery. A request had been made for a CPM rental and the purchase of Soft Good pads and was not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Purchase Soft Good Pads:** 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), Treatment Index, 11th Edition (web), 2014, Shoulder (Acute & Chronic), Continuous passive motion

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated October 7, 2014.

**Decision rationale:** It is unclear from this request if this is for durable medical equipment for the shoulder or another body part. Without any further clarification and justification, this request for the purchase of soft good pads is not medically necessary.

**Retrospective CPM Rental x 28 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 (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder (Acute & Chronic), Continuous passive motion

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Passive Motion, Updated August 27, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the postoperative use of a CPM machine is not recommended for shoulder rotator cuff problems but only as an option for adhesive capsulitis. The injured employee was not diagnosed with adhesive capsulitis; therefore, this request for the use of a CPM for the shoulder is not medically necessary.