

Case Number:	CM14-0142566		
Date Assigned:	09/10/2014	Date of Injury:	08/11/2011
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on August 11, 2011. Subsequently he developed chronic shoulder pain. He underwent left shoulder surgery. He also underwent left shoulder arthrogram on March 13, 2014 which demonstrated a biceps tear and mild degenerative change of the acromial clavicular joint. The patient underwent the left shoulder operation on July 25, 2014 for which her provider requested authorization for the rental of continuous passive motion machine with pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days Rental of Continuous Passive Motion Machine with pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross, Blue Shield, 2005, Raab, 1996, Seida, 2010

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of continuous passive motion for the treatment of post op shoulder pain. (ACOEM 212-213)

TABLE 9-6). Therefore, the request for 30 Days Rental of Continuous Passive Motion Machine with pads is not medically necessary.