

Case Number:	CM14-0143573		
Date Assigned:	09/12/2014	Date of Injury:	10/26/2011
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 61 years old female with an injury date on 10/26/2011. The current diagnoses include tear supraspinatus tendon, right; musculoligamentors strain of the lumbar spine; contusion right knee; and arthroscopic surgery, July 1, 2014. According to this report, the patient complains of constant neck pain and low back pain with radiating pain to the right hand and right leg. The pain is rated as a 7/10. Numbness is noted over the right 3rd to the 5th digits of the hand and over the bilateral knee. The patient also complains of right shoulder pain with constant numbness and tingling. Range of motion is restricted. The 07/22/2014 report indicates shoulder pain is at a 6/10 with throbbing, aching and sharp pain. The patient is status post right shoulder arthroscopic on 07/17/2014. There were no other significant findings noted on this report. The utilization review denied the request on 08/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/25/2014 to 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM with pads x 30 days rental- right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Rotator Cuff Tears.

Decision rationale: According to the 07/15/2014 report, this patient presents with constant neck pain, low back pain, and right shoulder pain. The patient is status post right shoulder arthroscopic on 07/17/2014. The treater is requesting shoulder CPM with packs x30 days rental. The utilization review denial letter states "CPM is not recommended for this worker's post-operative condition." The MTUS and ACOEM Guidelines do not address CPM; so Official Disability Guidelines (ODG) Guideline was referenced. ODG states "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005)." In this case, the requested CPM for the shoulder is not supported by the guidelines. Therefore, the request is not medically necessary.