

Case Number:	CM13-0000635		
Date Assigned:	09/20/2013	Date of Injury:	03/19/2013
Decision Date:	01/22/2014	UR Denial Date:	06/04/2013
Priority:	Standard	Application Received:	06/10/2013

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 Orthopedic Surgery 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 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 54-year-old gentleman who was injured on 03/19/13 with injury to the left shoulder. Clinical records indicate that following a course of conservative care, shoulder surgery was recommended for 06/27/13. Operative report indicates that the claimant underwent surgical arthroscopy, supraspinatus rotator cuff repair, subacromial decompression, and distal clavicle excision and release of the long head of the biceps tendon. Following surgery, he began a course of formal physical therapy. Perioperatively, there was a request for use of a CPM machine for postoperative use. Further clinical records pertinent to this specific request are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1CPM Unit Post-OP: 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), Shoulder Chapter, Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure, Continuous passive motion (CPM).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of CPM use for the shoulder is not indicated. Randomized clinical trials including 11 recent trials that monitored the use of the CPM versus the role of physical therapy alone demonstrated no discernible difference with its use. At present, current clinical literature does not support the role of the CPM for the shoulder. Thus, the role of this postsurgical request would not be indicated as medically necessary.