

Case Number:	CM13-0025610		
Date Assigned:	11/20/2013	Date of Injury:	04/13/2009
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 62-year-old injured worker who reported a work-related injury on 04/13/2009; the mechanism of injury was not specifically stated. Subsequently, the patient underwent a left shoulder rotator cuff repair, decompression and distal clavicle resection as of 06/12/2013. The clinical note dated 07/18/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient reported overall improvement of 60 to 70 percent of left shoulder symptomatology. The provider documented that the patient reported continued cervical spine pain and stiffness with an overall rate of pain at 2/10. Notes indicate that the patient utilizes tramadol as well as Norco 10/325. The provider documented that upon physical exam of the patient, range of motion of the left shoulder was as follows: 90 degrees of flexion, 31 degrees of extension, 91 degrees of abduction, rotation of 98 degrees and external rotation of 52 degrees. It was noted that Norco was discontinued as the patient preferred tramadol. The clinical notes additionally document that the patient began supervised therapeutic interventions on 07/09/2013 postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

A shoulder CPM 14 days extension: 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)

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.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM does not specifically address the requested durable medical equipment; however, the Official Disability Guidelines indicate that continuous passive motion is not recommended for shoulder rotator cuff problems. However, it is recommended as an option for adhesive capsulitis for up to 4 weeks/5 days per week. The clinical documentation submitted for review failed to evidence the specific efficacy of the patient's utilization of a continuous passive motion machine times 2 weeks postoperatively for the patient's left shoulder. In addition, the patient is status post a left shoulder rotator cuff repair. The Official Disability Guidelines indicate that CPM is not recommended after shoulder surgery for rotator cuff tears. The request for a shoulder CPM 14 days extension is not medically necessary and appropriate.