

Case Number:	CM13-0030030		
Date Assigned:	11/27/2013	Date of Injury:	06/26/2013
Decision Date:	02/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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 in a work related accident on 06/26/13. Clinical records for review in this case indicate a request for a shoulder arthroscopy based on MRI findings of full thickness supraspinatus and infraspinatus tearing. The claimant is to undergo an arthroscopic shoulder assessment and rotator cuff repair. At present, there is a request for a 21 day use of a CPM device for postoperative use in the claimant's shoulder surgical procedure. Further clinical records in this case are not supportive to the request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x 21 days for post operative use: 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 (updated 6/12/2013) 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), Official Disability Guidelines 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, continuous passive motion (CPM) to the shoulder is not supported. Official Disability Guidelines indicates the CPM devices to the shoulder are not recommended in any setting with recent randomized clinical trials demonstrating no difference in function or pain with or without the use of the device. This specific request in this case would not be indicated.