

Case Number:	CM13-0032605		
Date Assigned:	12/11/2013	Date of Injury:	06/08/2004
Decision Date:	02/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 55-year-old male who reported an injury on 06/08/2004. The mechanism of injury was not provided for review. The patient ultimately underwent low back surgery, followed by left shoulder surgery. The patient's left shoulder surgery in 09/2013 was followed by conservative care to include physical therapy. The patient's most recent clinical evaluation revealed postsurgical pain complaints rated at a 5/10 to 6/10. The patient had full postsurgical range of motion with 40% weakness of the left upper extremity. The patient's diagnoses included acromioclavicular joint arthritis of the left shoulder, rotator cuff tendinosis of the left shoulder, impingement syndrome of the left shoulder, partial-thickness rotator cuff tear of the left shoulder, and status post left shoulder arthroscopy. The patient's treatment plan included continued physical therapy and a continuous passive motion unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Continuous Passive Motion (CPM) unit: 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) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: The requested continuous passive unit is not medically necessary or appropriate. Official Disability Guidelines do not recommend a continuous passive motion unit for rotator cuff issues. However, treatment with this type of machine is recommended for up to 20 days for the treatment of adhesive capsulitis. The clinical documentation submitted for review does not provide any evidence that the patient has restricted range of motion that would be considered postsurgical adhesive capsulitis. Therefore, the need for a continuous passive motion machine would not be indicated. As such, the requested continuous passive motion unit is not medically necessary or appropriate.