

Case Number:	CM13-0040104		
Date Assigned:	12/20/2013	Date of Injury:	08/13/2012
Decision Date:	02/21/2014	UR Denial Date:	09/12/2013
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 Internal Medicine and is licensed to practice in Maryland. 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:

Request is for right shoulder CPM 6 hours a day postoperative. Employee was a 43 year old male whose date of injury was August 13, 2012. He was driving a pallet jack when he was stopped and a coworker hit his pallet jack from behind at a speed of 5-10 miles per hour. He reported pain in right shoulder and right forearm. He had x-rays and was started on physical therapy. He was seen in consultation by orthopedics and was recommended to have an MR arthrogram. The MRI of right shoulder done in November of 2012 showed focal full-thickness partial with tear of the anterior fibers of the supraspinatus tendon with approximately 7 mm medial retraction of the torn tendon fibers. He was also noted to have low grade partial thickness articular sided tear of the junction of the posterior supraspinatus and anterior infraspinatus tendons at the footprint. He was recommended to have right shoulder rotator cuff repair. In addition his history was also significant for low back pain with radiation to left buttock and left leg for which he was being seen by a Pain management consultant. On 20 August 2013, employee had arthroscopic rotator cuff repair, arthroscopic acromioclavicular joint resection, arthroscopic subacromial decompression, arthroscopic labral debridement and pain pump cannula insertion. His postoperative diagnoses included right rotator cuff tear, bursitis with right shoulder impingement, glenohumeral synovitis with labral tear and acromioclavicular arthritis. Employee was seen on 23 August in orthopedic follow-up 3 days after the arthroscopy procedure. He was reported to have the usual postoperative pain. His wounds were clean and dry. His pain pump was removed and a new dressing was applied. He was recommended to have continuous passive motion treatments to improve range of motion. He was also recommended to have immediate postoperative physical therapy and continuous cryotherapy. He was recommended to have reevaluation done in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) 6 hours a day post op: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder regarding 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, Continuous passive motion

Decision rationale: Employee had sustained a work-related injury with right shoulder partial rotator cuff tear. He was status post arthroscopy for repair. Request was for continuous passive motion in the immediate postoperative period. According to ODG, CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Also it is not recommended in rotator cuff tears after shoulder surgery or for nonsurgical treatment.