

Case Number:	CM13-0041386		
Date Assigned:	12/20/2013	Date of Injury:	01/18/2011
Decision Date:	03/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Hand 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 64-year-old male who reported an injury on 10/18/2011, after lifting motion to open a gate reportedly caused injury to his right shoulder. The patient ultimately underwent open rotator cuff repair in 09/2013. This was followed by postoperative physical therapy. The patient's most recent clinical evaluation dated 12/02/2013 documented that the patient had a well-healing incision site with significant pain with range of motion and tenderness to palpation over the rotator cuff region. The patient's diagnoses included rotator cuff tear of the right shoulder status post repair. The patient's treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative shoulder CPM x21 days: 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), section on rotator cuff syndrome subsection under post operative DME-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 postoperative shoulder continuous passive motion unit for 21 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of a continuous passive motion unit after shoulder surgery. It is not recommended for rotator cuff issues. A continuous passive motion machine is recommended for adhesive capsulitis for up to 20 days. Clinical documentation does indicate that the patient has significant pain with range of motion. However, there are no quantitative objective measures to support that the patient has adhesive capsulitis. Additionally, the request exceeds the 20-day recommendation by Official Disability Guidelines. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested postoperative shoulder continuous passive motion unit for 21 days is not medically necessary or appropriate.