

<b>Case Number:</b>	CM13-0045001		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 injured worker is a 45-year-old male who reported an injury on 03/02/2013. The mechanism of injury was a slip and fall backwards, injuring his right arm. It is noted that the injured worker is status post an arthroscopic surgery to the right shoulder. The injured worker underwent an arthroscopic subacromial decompression and acromioplasty with resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy/chondroplasty/debridement, distal clavicle resection by Mumford procedure, debridement of labrum and labral fraying, debridement of partial rotator cuff tear, and insertion of a pain pump on 10/22/2013. A clinical letter dated 06/28/2013, states that the injured worker had been seen for a total of twelve (12) physical therapy visits. The injured worker reported feeling more general ache after increased use of his right upper extremity rather than pain. The injured worker had been adherent to his home exercise program and icing procedures. The objective findings upon examination revealed active range of motion, flexion was within normal limits bilaterally. Abduction was on the right at 140 degrees, and on the left within normal limits. The passive range of motion of the right upper extremity was done with no muscle guarding or loss of range of motion, but pain at end range. There was decreased pain with shoulder flexion and abduction, no "stabbing" feeling, but did feel tight with abduction at end range. The right shoulder flexion and abduction were tight at end feel. There was tenderness to palpation of the supraspinatus tendon greater than the infraspinatus tendon; positive tenderness to palpation to the infraspinatus muscle belly as well. Tenderness to palpation was noted of the pectoris minor and major and suprascapularis. The requested services include shoulder continuous passive motion (CPM) rental for four (4) weeks, and shoulder CPM pad purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHOULDER CPM UNIT RENTAL FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES KNEE CHAPTER, RABB MG, RZESZUTKO D, O'CONNOR W, GREATTING MD. EARLY RESULTS OF CONTINUOUS PASSIVE MOTION AFTER ROTATOR CUFF REPAIR. A PROSPECTIVE, RANDOMIZED, BLINDED, CONTROLLED STUDY. The Claims Administrator also based its decision on the Non-MTUS Citation: LASTAYO PC, WRIGHT T, JAFFE R, HARTZEL J. CONTINUOUS PASSIVE MOTION AFTER REPAIR OF THE ROTATOR CUFF. A PROSPECTIVE OUTCOME STUDY.

**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 (CPM).

**Decision rationale:** The Official Disability Guidelines indicate that continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis up to four (4) weeks at five (5) days per week. The guidelines do not recommend the use of a continuous passive motion (CPM) unit unless there is clear evidence of adhesive capsulitis, it is not responsive to conservative measures. There is no documentation in the medical record of the injured worker having a diagnosis of or evidence of adhesive capsulitis that would require the use of the requested service. As such, the medical necessity for the requested equipment has not been established. Therefore, the shoulder CPM unit rental for four (4) weeks is non-certified.

**SHOULDER CPM PAD PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE CHAPTER. LASTAYO PC, WRIGHT T, JAFFE R, HARTZEL J. CONTINUOUS PASSIVE MOTION AFTER REPAIR OF THE ROTATOR CUFF. A PROSPECTIVE OUTCOME STUDY.

**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 (CPM).

**Decision rationale:** The Official Disability Guidelines indicate that continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis up to four (4) weeks at five (5) days per week. As the referenced guidelines only recommend the use of a continuous passive motion (CPM) unit when there is clear evidence of adhesive capsulitis that is not responsive to conservative measures, and there is no documentation in the medical record of the injured worker having a diagnosis of adhesive capsulitis or any clear evidence of such diagnosis, the medical necessity for the request has not been established. As such, the request for a shoulder CPM pad purchase is non-certified.