

Case Number:	CM13-0057304		
Date Assigned:	06/09/2014	Date of Injury:	11/04/2010
Decision Date:	07/14/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine, 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 patient is a 53-year-old male who has submitted a claim for right shoulder partial rotator cuff tear and recurrent impingement syndrome associated with an industrial injury date of November 4, 2010. Medical records from 2013 to 2014 were reviewed. The patient complained of moderate and constant right shoulder pain. Pain was aggravated by normal movements. Physical examination of the right shoulder showed restricted ROM in all planes; positive Neer's, Hawkin's, and Jobe tests; and 4/5 MMT towards abduction and external rotation. Treatment to date has included NSAIDs, home exercise programs, physical therapy, and surgery (6/1/11). Utilization review from November 20, 2013 denied the request for continuous passive motion unit for 21 days because the surgery was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION UNIT FOR 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 CA MTUS does not specifically address continuous passive motion (CPM). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 5 days per week for 4 weeks. In this case, patient was diagnosed with partial rotator cuff tear and was prescribed CPM unit for 21 days, however, the CPM unit is not recommended for rotator cuff problems. In addition, there was no mention regarding the rationale as to why the unit is needed. Furthermore, the request did not indicate the body part to be treated. Therefore, the request for continuous passive motion unit for 21 days is not medically necessary.