

Case Number:	CM13-0060098		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	06/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgeon, 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 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 31 year old male whose date of injury is 02/22/2012. Physical therapy discharge summary dated 02/27/13 indicates that the patient has completed 33 physical therapy visits. A note dated 06/21/13 indicates that the patient is doing poorly, status post right shoulder arthroscopy in 2012, with progressive pain and locking of his right shoulder. MRI of the right shoulder dated 08/12/13 revealed a full thickness supraspinatus tendon tear; anterior and superior glenoid labral tears consistent with SLAP lesion. The patient subsequently underwent right shoulder arthroscopy with Bankart repair, partial synovectomy, removal of loose bodies, lysis of adhesions and subacromial bursectomy on 11/13/13. Initial evaluation dated 01/29/14 indicates that right shoulder range of motion is flexion 80, external rotation 30 and internal rotation 35 degrees. Daily note dated 02/13/14 indicates that the patient has completed 6 visits of physical therapy. Diagnosis is sprain shoulder/arm nos. Passive range of motion is flexion 108, external rotation 30 and internal rotation 35 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A CONTINUOUS PASSIVE MOTION UNIT FOR 2 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 (ODG) Shoulder, (Acute & Chronic) Procedure Summary 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, Continuous Passive Motion.

Decision rationale: Based on the clinical information provided, the request for rental of a continuous passive motion unit for 2 weeks is not recommended as medically necessary. The patient underwent right shoulder arthroscopy with Bankart repair, partial synovectomy, removal of loose bodies, lysis of adhesions and subacromial bursectomy on 11/13/13 and has initiated a course of postoperative physical therapy. The Official Disability Guidelines note that continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The submitted records fail to establish the presence of adhesive capsulitis, and therefore, rental of the unit is not medically necessary.