

<b>Case Number:</b>	CM13-0071859		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Orthopedic Surgery, 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:

This patient sustained an industrial injury on 4/14/11, when a 35-pound humidifier fell and struck him on the head. The 9/25/13 right shoulder MRI revealed chronic subacromial impingement syndrome. There were no fractures or dislocations. There were no rotator cuff or labral tears noted. The treating physician report cited severe right shoulder pain. Right shoulder physical exam findings documented range of motion to include forward flexion 125, extension 40, abduction 125, adduction 40, external rotation 80, and internal rotation 60 degrees. Shoulder movement was painful. There was severe supraspinatus and acromioclavicular joint tenderness, and moderate tenderness over the greater tuberosity. Lift off test was positive. There was 4/5 right upper extremity weakness. Impingement testing and acromioclavicular joint compression test were positive. The treatment plan recommended arthroscopic right shoulder decompression, distal clavicle resection, and debridement as indicated. A continuous passive motion unit was requested for 45 days to assist in restoring range of motion and for prophylactic use due to significant risk of developing adhesions and soft tissue contracture post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM (CONTINUOUS PASSIVE MOTION) UNIT X 45 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.

**Decision rationale:** The California MTUS does not provide recommendations for this device in chronic shoulder conditions. The Official Disability Guidelines state that continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.