

Case Number:	CM14-0003228		
Date Assigned:	01/31/2014	Date of Injury:	06/03/2007
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of [REDACTED] and has submitted a claim for s/p left shoulder arthroscopy with acromioplasty (12/06/13) associated with an industrial injury date of shoulder surgery, home exercises, and physical therapy. Medical records from 2013 were reviewed and showed right shoulder pain rated 3/10 and left shoulder pain rated 5/10. Physical examination showed limitation of motion of the bilateral shoulder, more on the left due to pain and spasm; and decreased motor strength, more on the left. The diagnoses include status post left shoulder surgery for left rotator cuff tear (12/06/13) and right rotator cuff syndrome. A continuous passive motion unit was requested; however, the indication for which was not discussed. Utilization review dated December 17, 2013 denied the request for shoulder CPM rental with purchase of pads. The reason for denial was not made available.

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 RENTAL WITH PURCHASE OF PADS: 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 Chapter.

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 address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Shoulder Chapter was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The guideline also does not support its use after shoulder surgery for rotator cuff tears or for non surgical treatment. In this case, the patient was status post left shoulder surgery for left rotator cuff tear (12/06/2013). The guideline clearly states that CPM use for this condition is not supported. Moreover, the indication and body part to be treated were not discussed. The medical necessity has not been established. Therefore, the request for CPM (Continuous Passive Motion) unit rental with purchase of pads is not medically necessary.