

Case Number:	CM14-0104527		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2013
Decision Date:	12/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 51-year-old male sustained an industrial injury on 4/10/13. The mechanism of injury was not documented. Records from 12/16/13 to 4/24/14 indicated that the patient had right shoulder physical exam findings of subacromial bursal shoulder girdle muscle tenderness, positive impingement testing, positive O'Brien's testing, forward flexion and abduction to 160 degrees, and internal rotation to the sacroiliac joint. Right shoulder MR arthrogram findings revealed a labral tear, possible Bankart lesion, and possible rotator cuff tear. The patient underwent right shoulder diagnostic/operative arthroscopy with subacromial decompression, acromioplasty, resection of the coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral debridement, distal clavicle resection, Mumford procedure, and labral debridement on 5/16/14. A request for retrospective authorization of a shoulder continuous passive motion (CPM) unit and pad was submitted on 5/18/14. The 6/18/14 utilization review denied the request for 30-day rental of a CPM unit and pad purchase based on no evidence that the patient had adhesive capsulitis to support the medical necessity of this device consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM unit X 30 day rental: 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), Treatment in Workers Compensation (TWC), Shoulder Procedure Summary (04/25/2014)

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 California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that 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 was no evidence of adhesive capsulitis in the pre-operatively. There is no current evidence that this patient has adhesive capsulitis post-operatively. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.

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 (ODG), Treatment in Workers Compensation (TWC), Shoulder Procedure Summary (04/25/2014)

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: As the associated durable medical equipment request is not supported, this request is not medically necessary.