

Case Number:	CM14-0105631		
Date Assigned:	07/30/2014	Date of Injury:	01/09/2010
Decision Date:	12/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 a 49-year-old female who has submitted a claim for right shoulder sprain/strain, impingement, rotator cuff tear, internal derangement, and acromioclavicular osteoarthropathy associated with an industrial injury date of January 9, 2010. Medical records from 2014 were reviewed. The patient complained of constant pain in the right shoulder associated with tingling sensation at the right hand. Physical examination of the right shoulder showed flexion 160 degrees, extension 40 degrees, and abduction and 155 degrees. Impingement test and subacromial grinding and clicking were noted. Tenderness was noted over the greater tuberosity of humerus. Treatment to date has included physical therapy, activity restrictions, and medications. The patient is scheduled to undergo right shoulder arthroscopic surgery with subacromial decompression. The utilization review from July 2, 2014 denied the request CPM unit for purchase, right shoulder because the guidelines do not recommend the unit for postsurgical rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Unit for purchase, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

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. The patient is a known case of right shoulder sprain/strain, impingement, rotator cuff tear, internal derangement, and acromioclavicular osteoarthropathy. She is scheduled to undergo right shoulder arthroscopic surgery with subacromial decompression. However, the guideline clearly states that CPM use for this condition is not supported. There is no discussion concerning need for variance from the guidelines. Therefore, the request for CPM unit for purchase, right shoulder is not medically necessary.