

<b>Case Number:</b>	CM14-0105958		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 43 year old male who had a work related injury on 10/08/13. The mechanism of injury listed is lifting heavy box overhead causing persistent pain in his right shoulder. The most recent clinical documentation submitted for review is dated 06/25/14. The injured worker is 6 days status post right shoulder arthroscopy with the repair of a SLAP (Superior labral anteroposterior) lesion. 6 days status post right shoulder arthroscopy distal clavicle excision. 6 days status post right shoulder arthroscopy with a rotator cuff repair. He states that he is feeling better, complains of pain and stiffness, some numbness into the right thumb. He has taken Norco for pain. He has been using a sling. The injured worker is currently not working. Physical examinations of the wounds are healing without signs of infection. The site has minimal swelling. The right shoulder has mild tenderness. The dorsal thumb has decreased sensation. X-rays 2 views of his right shoulder dated 06/25/14 show flat acromion with good DCR (distal clavicle resection). Sutures were removed, steri strips were applied. He is to continue the use of the sling. Intraoperative findings were explained to the injured worker. He is to start physical therapy then for range of motion and strengthening. Surgery on 06/19/14 was an arthroscopic evaluation with arthroscopic superior labral repair of the right shoulder. Repair of the right rotator cuff arthroscopically; decompression of the right subacromial region; distal clavicle excision of the right shoulder; debridement of the glenohumeral synovitis, subacromial bursitis of the right shoulder. Prior utilization review on 06/10/14 was non-certified. The current request is for a right shoulder postoperative CPM initial days (day #1-7) rental of 05/29/14 for 7 days right shoulder postoperative CPM for days 7-14 rental of 05/29/14 for 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder post-op CPM initial days (day #1-7) unit rental RFA 5-29-14 Qty: 7.00:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

**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 request for a right shoulder postoperative CPM initial days 1-7 is not medically necessary. According to the Official Disability Guidelines, continuous passive range of motion machine is not recommended after shoulder surgery or for non-surgical treatment of rotator cuff tears. The review concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative treatments for rotator cuff tears is limited and inconclusive. With regard to adding a CPM to postoperative physical therapy, 11 trials yielded moderate evidence but no difference in function or pain, and 1 study found no difference in range of motion or strength. As such, medical necessity has not been established.

**Right shoulder post-op CPM days (day #7-14) unit rental RFA 5-29-14 Qty: 7.00:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

**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 request for a right shoulder postoperative CPM initial days 7-14 is not medically necessary. According to the Official Disability Guidelines, continuous passive range of motion machine is not recommended after shoulder surgery or for non-surgical treatment of rotator cuff tears. The review concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative treatments for rotator cuff tears is limited and inconclusive. With regard to adding a CPM to postoperative physical therapy, 11 trials yielded moderate evidence but no difference in function or pain, and 1 study found no difference in range of motion or strength. As such, medical necessity has not been established.