

Case Number:	CM14-0012366		
Date Assigned:	02/21/2014	Date of Injury:	08/28/2013
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the shoulder of November 8, 2013, notable for a large rotator cuff tear of the supraspinatus and infraspinatus tendons with associated retraction as well as a partial subscapularis tear; unspecified amounts of physical therapy; and consultation with a shoulder surgeon, who apparently endorsed a surgical remedy. In a utilization review report dated January 16, 2014, the claims administrator denied a request a continuous passive motion device, stating that continuous passive motion was not recommended by ODG following shoulder surgery or for rotator cuff pathology. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant was described as not doing well. The applicant continued to have pain and difficulty with heavy reaching about the injured shoulder. The applicant was pursuing arthroscopic repair of a massive rotator cuff tear, it was stated. Shoulder range of motion was markedly limited, with flexion and abduction in the 90-degree range. Strength was also scored at 4-/5. Authorization was sought for repair of massive retracted rotator cuff tear, reportedly acute. A continuous passive motion machine was sought on a 28-day rental basis to help improve the applicant's mobilization following the proposed surgery. The applicant was placed off of work, on total temporary disability. An earlier note of November 27, 2013 was notable for comments that the applicant was not actively participating in home exercises and had a comorbidity of hypertension. The attending provider stated on this occasion that the CPM device in question would aid the applicant's mobility postoperatively and gauge the muscles surrounding the shoulder joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT CONTINUOUS PASSIVE MOTION FOR 28 DAYS: Overturned

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 ACOEM Practice Guidelines, Third Edition, Rotator Cuff Tendinopathy section, and the Shoudler Chapter, section on Adhesive Capsulitis.

Decision rationale: While the Third Edition ACOEM Guidelines note that there is "no recommendation" on the benefits of continuous passive motion postoperatively, ACOEM Guidelines does note CPM devices may have benefits amongst applicants who live alone, applicants who have concerns about adhesions or adhesive capsulitis, and/or those individuals who are undergoing repairs of massive tears. In this case, the applicant has in fact sustained a massive tear of two rotator cuff tendons, the supraspinatus and infraspinatus, and a partial thickness tear of a third tendon, the subscapularis tendon. In this case, the attending provider has indicated that there may be concerns about the applicant's ability to perform home exercises postoperatively. The applicant apparently exhibited marked limited range of motion preoperatively and was not performing home exercises prior to surgery. The applicant is off of work. The applicant's markedly limited shoulder range of motion, furthermore, does suggest that there could be some element of adhesive capsulitis present here. As further noted in the third edition ACOEM Guidelines, adhesive capsulitis is a diagnosis for which CPM is more strongly recommended. In this case, then, a 28-day rental of a CPM device does appear to be indicated, given the multiple rotator cuff tears present here, and the attending provider's stated concerns about the applicant's ability to perform home exercises postoperatively, etc. Therefore, the request is medically necessary.