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| Case Number: | CM14-0118876 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/14/2013 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 Illinois. 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 52-year old female who reported an injury on 08/14/2013 when pulling down the hood of the bus. On the clinical note dated 08/08/2014 the injured worker was diagnosed with status post impingement syndrome, bursa disorder, rotator cuff disorder, and rotator cuff shoulder syndrome of the left shoulder. The injured worker was treated with medications, surgery, and physical therapy as indicated on clinical note dated 08/06/2014. The injured worker had an x-ray on 08/06/2014 and a formal MR arthrogram on 05/27/2014 of the left shoulder. The injured worker had formal rotator cuff repair, arthroscopic subacromial decompression, arthroscopic debridement of glenohumeral synovitis, subacromial bursitis, and degenerative supraspinatus cuff tissue of the left shoulder on 07/31/2014. The injured worker complained of pain and stiffness in the left shoulder on the clinical note dated 08/06/2014. The injured worker was advised to keep her arm in the immobilizer and to not move it noted on clinical note dated 08/08/2014. The injured worker was prescribed acetaminophen 300mg/codeine 30mg every 6 hours for shoulder pain at night, Norco 10/325mg one every day, Naprosyn 500mg two times a day until shoulder was pain free. The treatment plan was for the continuous passive machine rental for 7-14 days for the left shoulder. The rationale for the request was not provided in the medical records from the physician. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) machine, rental for 7-14 days for the left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder chapter, Continuous passive motion.

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.

Decision rationale: The request for CPM (continuous passive motion) machine, rental for 7-14 days for the left shoulder is not medically necessary. The injured worker is status post left rotator cuff impingement surgery. The injured worker is complaining of left shoulder pain and stiffness. The ODG guidelines do not recommend the CPM machine for shoulder rotator cuff problems. The ODG guidelines state that for rotator cuff tears it is not recommended after shoulder surgery or with regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. Therefore, the injured worker has had rotator cuff surgery and the CPM machine is not recommended by the ODG guidelines. As such, the request for CPM (continuous passive motion) machine, rental for 7-14 days for the left shoulder is not medically necessary.