

Case Number:	CM14-0160664		
Date Assigned:	10/03/2014	Date of Injury:	05/17/2013
Decision Date:	11/19/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation 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 injured worker is a 45-year-old female who reported an injury on 05/17/2013. The mechanism of injury was not provided. The injured worker has diagnosis of bilateral lateral epicondylitis, bilateral extensor tendonitis, impingement syndrome of bilateral shoulders, and rotator cuff tear. Past medical treatment included medications, surgery, physical therapy, injections, and bracing. Diagnostic testing included x-ray of the shoulder on 03/18/2014 and MRI of right shoulder on 06/12/2014. The injured worker underwent arthroscopy of the left shoulder on 08/27/2014. The injured worker complained of immobilization of the left shoulder on 09/02/2014. The injured worker reports he is unable to wear a sling and recent medications are making him very tired and sleepy. The physical examination revealed left shoulder incisions healing well, left shoulder has decreased pain. Medications were not provided. Treatment plan is for a 21 day rental of continuous passive motion device and for 3 week supply of pads. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 Days Rental of Continuous Passive Motion Device: 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 for Workers' Compensation, Online Edition, Chapter; Shoulder Continuous Passive Motion (CPM)

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 request for 21 Days Rental of Continuous Passive Motion Device is not medically necessary. The injured worker complained of immobilization of the left shoulder on 09/02/2014. The injured worker underwent arthroscopy of the left shoulder on 08/27/2014. The Official Disability Guidelines (ODG) stated Continuous Passive Motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. For Rotator cuff tears it is not recommended after shoulder surgery or for nonsurgical treatment. An AHRQ Comparative Effectiveness 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 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. There is mention to continue the use of CPM to left shoulder, however there is no mention of any improvements. The guidelines do not recommend for shoulder use. Therefore the request for 21 Days Rental of Continuous Passive Motion Device is not medically necessary.

3 weeks supply of pads: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for 3 weeks supply of pads is not medically necessary. As the primary service is not supported, this associated service is also not supported.