

Case Number:	CM14-0178332		
Date Assigned:	10/31/2014	Date of Injury:	05/20/2011
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopaedic Surgery 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:

This 42-year-old female deputy sheriff sustained an industrial injury on 5/20/11. Injury was attributed to two separate fights with suspects. The 12/8/12 left shoulder MRI revealed acromioclavicular joint synovitis and bursitis. The 5/28/13 chest MRI documented left sternoclavicular osteoarthritis with 2 to 3 mm protuberant osteophyte formation. The 7/22/13 medical legal report documented left shoulder range of motion as forward flexion 160, abduction 152, extension 45, adduction 32, external rotation 63, and internal rotation 65 degrees. The 9/17/13 treating physician progress report cited continued left shoulder pain and mechanical symptoms. Left shoulder exam documented tenderness over the subacromial bursal space, shoulder girdle muscles, and sternoclavicular joint. There were positive Neer's and Hawkin's impingement signs. Surgery was pending and continued ice, medications, and exercise were recommended. The patient underwent left shoulder diagnostic/operative arthroscopy, subacromial decompression, acromioplasty, resection of the coracoacromial ligament, extensive subacromial/subdeltoid bursectomy, distal clavicle resection, debridement of labrum and labral fraying, debridement of a partial rotator cuff tear, and glenohumeral synovectomy, chondroplasty, and debridement on 10/11/13. The 10/1/14 utilization review denied the retrospective request for a continuous passive motion unit and associated shoulder pad from 10/14/13 to 11/8/13 as there was no evidence of significant pre-operative limitation in motion to support the medical necessity of this service post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative CPM Unit (Rental for the Left Shoulder DOS 10/14/13-11/08/13): 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 Procedure Summary (updated 3/7/2013)

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 California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. These units are recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Guideline criteria have not been met. There is no evidence that this patient had adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.

DME: Post-Operative Shoulder Pad (Purchase) for the Left Shoulder DOS 10/14/13:
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 Procedure Summary (last updated 03/07/2013)

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: As the associated continuous passive motion unit request is not supported, this request is not medically necessary.