

Case Number:	CM14-0182003		
Date Assigned:	11/06/2014	Date of Injury:	01/24/2011
Decision Date:	12/30/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic 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 is a 54 year old male with a 1/24/11 injury date. In the 10/1/14 UR decision, the patient was approved to undergo left shoulder surgery for impingement syndrome and post-op physical therapy, but the associated post-op use of shoulder continuous passive motion (CPM) machine was denied. In a 9/15/14 progress note, the patient complained of left shoulder pain. Objective findings included normal range of motion and positive impingement tests. Diagnostic impression: left shoulder impingement syndrome. Treatment to date: physical therapy, medications, injections. A UR decision on 10/1/14 denied the request for shoulder CPM machine because the guidelines do not support the use of CPM for impingement problems of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM machine: 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), Shoulder Chapter

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-CPM

Decision rationale: CA MTUS does not address this issue. ODG does not consistently support the use of CPM in the postoperative management of rotator cuff tears; but CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. However, this patient is not being treated for frozen shoulder and has normal range of motion on exam. In addition, post-op physical therapy was approved for the left shoulder and there was no discussion of exceptional factors that would justify the use of CPM machine in addition to physical therapy. The use of both CPM and physical therapy in the post-op treatment for impingement syndrome is not supported at this time. Therefore, the request for shoulder CPM machine is not medically necessary.