

Case Number:	CM14-0020724		
Date Assigned:	04/30/2014	Date of Injury:	03/22/2012
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 68 year old female who reported an injury on 03/22/2012. Per clinical note dated 01/22/2014 the injured worker had completed six physical therapy sessions. The injured worker's range of motion was significantly reduced. Flexion was 40 degrees, extension was 30 degrees, and abduction was 30 degrees. Per the clinical note dated 01/17/2014 the injured worker still reported pain to bilateral shoulders at 6/10 constant. The injured worker underwent a left shoulder arthroscopy on 11/6/2013. This included a rotator cuff repair, subacromial decompression, distal clavicle resection, and debridement of a type one slap tear. The injured worker had completed 6 sessions of physical therapy prior to the arthroscopic surgery. The diagnoses for the injured worker include chronic subacromial impingement of the left shoulder, degenerative joint disease; severe left acromioclavicular joint, massive rotator cuff tear, and superior labrum degenerative type 1 SLAP tear. The request for authorization for medical treatment was dated 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (CONTINUOUS PASSIVE MOTION) UNIT X 42 DAY RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definitions and ODG Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Continuous Passive Motion.

Decision rationale: Per the Official Disability Guidelines the use of continuous passive motion, or CPM, is not recommended for shoulder rotator cuff tears 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. Per the documentation provided the injured worker had surgery to repair a significant rotator cuff tear. In addition, guidelines only recommend up to a 7 day rental. The request for a 42 day rental is excessive. Therefore, the request for a CPM unit for 42 days rental is not medically and appropriate.

CPM (CONTINUOUS PASSIVE MOTION) SOFT GOODS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definitions and ODG Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Continuous Passive Motion.

Decision rationale: Per the Official Disability Guidelines the use of continuous passive motion, or CPM, is not recommended for shoulder rotator cuff tears not recommended after shoulder surgery or for nonsurgical treatment. Per the documentation provided the injured worker had surgery to repair a significant rotator cuff tear. This resulted in the non-certification of the CPM unit. Therefore, the request for the CPM soft goods is not medically necessary and appropriate.