

Case Number:	CM14-0037974		
Date Assigned:	07/28/2014	Date of Injury:	07/21/2000
Decision Date:	08/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 underlying date of injury in this case is 07/21/2000. This patient's diagnosis is left shoulder full-thickness rotator cuff tear, as demonstrated by MRI on 10/12/2013. A request for authorization of 03/03/2014 requests approval for left shoulder arthroscopy with subacromial decompression, distal clavicle resection, and repair of the rotator cuff. The treating surgeon proposes that the patient would benefit from the use of a continuous passive motion machine in order to maintain motion of the joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), 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.

Decision rationale: Official Disability Guidelines, Shoulder states 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. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.