

Case Number:	CM14-0038166		
Date Assigned:	06/25/2014	Date of Injury:	11/03/2012
Decision Date:	08/26/2014	UR Denial Date:	03/07/2014
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 & 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 24-year-old female who reported an injury due to trying to lower a heavy weight from an overhead position on 11/03/2012. On 02/03/2014, her diagnoses included right shoulder rotator cuff strain, right shoulder mineral spur along the under surface of the acromion, modest inflammatory changes in the rotator cuff tendon per MRI of 12/02/2012, right shoulder complex signal irregularity in the anterior/superior labrum with associated blunting of the labral contour suggestive of labral tearing per MRI dated 10/18/2013, right shoulder probable anterior superior labral tear, and right brachial plexus neuritis secondary to traction injury. On 02/04/2014, she underwent a right shoulder arthroscopic debridement of a superficial biceps tendon tear and partial tear of the anterior superior glenoid labrum. There were no postsurgical notes included in the submitted documentation. No rationale or request for authorization were included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) with pad kit: Upheld

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

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 CPM (continuous passive motion) with pad kit is not medically necessary. The Official Disability Guidelines do not recommend continuous passive motion after shoulder surgery. Evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tear 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 reduction and 1 study found no difference in range of motion or strength. Since the submitted documentation did not contain any postoperative information, it is unknown if this worker underwent any physical therapy, chiropractic, or acupuncture treatments postoperatively. The evidence based guidelines do not support the use of continuous passive motion in the shoulder after arthroscopic surgery. Additionally, the request did not specify the body part to which the continuous passive motion machine was to have been applied. Therefore, the request CPM (continuous passive motion) with pad kit is not medically necessary.