

Case Number:	CM14-0038866		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2012
Decision Date:	08/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 has a subspecialty in Pain Medicine 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 46-year-old male who sustained an injury to his right shoulder on 05/04/12. A clinical note dated 12/23/13 reported that the injured worker initially presented on 02/25/13, reporting that while welding a trailer full of tires at work on 05/04/12, the load shifted and the tires fell on him. He tried to stop the tires by extending his right arm, but was knocked on to his back. Plain radiographs and MRI were ordered that reportedly revealed torn tendons. The injured worker was provided medication and was instructed to attend physical therapy along with wearing a brace. The injured worker subsequently underwent right shoulder surgery dated 10/26/12. A second surgery was recommended. Physical examination of the right shoulder noted range of motion abduction 135 degrees, adduction 50 degrees, internal rotation 70 degrees, external rotation 90 degrees, extension 50 degrees, flexion 135 degrees; muscle strength 5-/5 in deltoids and supraspinatus musculature the injured worker was awarded 10% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days rental of shoulder continuous passive motion machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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, Continuous passive motion (CPM).

Decision rationale: The request for 14-day rental of shoulder continuous passive motion (CPM) machine is not medically necessary. Previous request was not granted on the basis that the requesting physician that would discuss the status of the injured worker and provide a clear clinical indication to support the medical necessity of requested CPM machine did not provide a clinical evaluation. Furthermore, guidelines state that CPM is not recommended after shoulder surgery. The Agency for Healthcare Research and Quality (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 post-operative 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. Given this, the request is not medically necessary.