

Case Number:	CM14-0039767		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2012
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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:

Patient is a 64-year-old male who has submitted a claim for left rotator cuff (capsule) sprain associated with an industrial injury date of 02/16/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of left shoulder pain, graded 7/10 in severity. Physical examination of the left shoulder showed restricted range of motion with loud popping noted. Strength was graded 4/5. Treatment to date has included left shoulder surgery in 2013, physical therapy, and medications. Utilization review from 03/24/2014 denied the request for CPM rental x 21 days because the request for surgery was likewise non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Constant range of motion machine rental for twenty-one days after left shoulder surgery.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Continuous Passive Motion (CPM).

Decision rationale: CA MTUS does not specifically address continuous passive motion (CPM). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that CPM is not recommended for shoulder rotator cuff problems but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. In this case, CPM is being requested for post-operative use since current treatment plan includes possible labral debridement, repair of the biceps tendon and rotator cuff repair. However, it is unclear if the surgery has already been certified due to lack of documentation. Moreover, the guideline does not recommend CPM use for rotator cuff tears. Therefore, the request for Constant range of motion machine rental for twenty-one days after left shoulder surgery is not medically necessary.