

Case Number:	CM14-0045522		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2010
Decision Date:	08/19/2014	UR Denial Date:	03/13/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old male was reportedly injured on 4/1/2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/12/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination was handwritten. It revealed right shoulder had decreased range of motion, muscle strength 4/5, positive impingement, and positive crepitus. Left thumb slight crepitus and tenderness over MCP joint. Diagnostic imaging studies included an MRI of the right shoulder from 2/20/2013, which revealed subacromial impingement, partial thickness supraspinatus tendon tear, subscapularis tear, biceps tendon tear, AC joint DJD, and retrocoracoid impingement. Previous treatment included physical therapy, injections, medications, and conservative treatment. A request had been made for shoulder CPM, 60 day rental, purchase of soft goods for shoulder CPM and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 day rental of shoulder CPM (constant passive motion):

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC / Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 4/25/14) continuous passive motion.

Decision rationale: CPM (continuous passive motion) device is not recommended after shoulder surgery or for nonsurgical treatment. Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative 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. After review of the medical records provided there was no determination of any criteria on physical exam or diagnoses that correlates with the authorization of this request. Therefore, this request is deemed not medically necessary.

Purchase of soft goods for shoulder CPM (constant passive motion): 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 (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 (Acute & Chronic) (updated 07/29/14) constant passive motion.

Decision rationale: A 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. After reviewing the medical records provided, there was no supporting documentation of physical examination findings or diagnoses associated with adhesive capsulitis, which is an acceptable condition for the use of a continuous passive motion machine. Therefore, the request for the continuous passive motion machine is deemed not medically necessary. So, there will be no need for the requested soft goods associated with this device. This request is deemed not medically necessary.