

Case Number:	CM14-0052460		
Date Assigned:	07/07/2014	Date of Injury:	10/13/2010
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopaedic Surgery 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:

This 51-year-old female sustained an industrial injury on 10/13/10. The mechanism of injury was not documented. Past surgical history was positive for right shoulder arthroscopy and rotator cuff repair on 7/26/11. The 4/14/13 right shoulder MR arthrogram impression documented partial thickness supraspinatus and infraspinatus tears and moderate acromioclavicular osteoarthritis without impingement on the rotator cuff tendons. The 1/27/14 treating physician report cited pending surgical authorization and continued right shoulder pain and functional limitations. Physical exam documented flexion and abduction 175 degrees with internal rotation to the iliac crest. Positive impingement signs were documented. The patient underwent right shoulder revision arthroscopy with subacromial decompression, acromioplasty, coracoacromial ligament resection, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy and debridement, distal clavicle resection, and debridement of labral fraying and partial rotator cuff tear on 3/7/14. A 3/7/14 request for shoulder CPM (continuous passive motion) unit and pad rental for 4 weeks was submitted. The 3/27/14 utilization review denied the request for the shoulder CPM unit as there was no documentation that the patient was diagnosed with adhesive capsulitis and absent guideline support for post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder Continuous Passive Motion (CPM) Unit Rental & Pad times 3 hours per day for 4 weeks: 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, Continuous Passive Motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device. The Official Disability Guidelines state that continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Pre-operative documentation noted functional range of motion. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request for a shoulder continuous passive motion (CPM) unit rental & pad times 3 hours per day for 4 weeks is not medically necessary.