

<b>Case Number:</b>	CM14-0067235		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 60 year-old female was reportedly injured on 8/30/2013. The mechanism of injury is not listed. The most recent progress note, dated 3/20/2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: positive tenderness to palpation joint capsule, subacromial region, positive empty can't attest, positive Hawkins, positive impingement, positive Neers. Diagnostic imaging studies include an MRI of the right shoulder dated 2/18/2014 which reveals full thickness rotator cuff tear. Previous treatment includes medication, and conservative treatment. A request had been made for CPM of the right shoulder, and was not certified in the pre-authorization process on 4/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative CPM for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 4/25/2014).

**Decision rationale:** According to ODG guidelines a CPM is not recommended after shoulder surgery or for nonsurgical treatment. 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. Therefore this request is deemed not medically necessary.