

<b>Case Number:</b>	CM14-0096898		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family 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:

This 54-year old laborer reported injuries to his R shoulder, arm, forearm and hand after his hand was caught between a stationary and a rotating table on 1/25/14. Current diagnoses include R shoulder sprain/strain, R rotator cuff sprain, and R superior glenoid labrum lesion. He was initially treated with medications, physical therapy, and one shoulder injection. A 3/5/14 note from his original primary treater documented that he had "little objective evidence of disability". He was first assessed by his current primary treater, an orthopedist, on 3/21/14. He diagnosed R shoulder sprain/strain. He requested an MRI, which was performed 4/22/14 and showed tendinosis and a small partial thickness tear of the supraspinatus tendon, a small partial thickness tear of the infraspinatus tendon, and mild acromioclavicular joint arthrosis. At some point he apparently ordered more physical therapy and performed a second shoulder injection, but the patient remained symptomatic. A 6/6/14 follow-up note by the primary treater documents that the patient has had 18 PT sessions and 2 steroid injections of the shoulder, and remains symptomatic. Physical exam is notable for positive impingement signs and mildly decreased shoulder range of motion. The diagnosis is documented as R shoulder partial thickness rotator cuff tear, and there is no documented diagnosis of adhesive capsulitis. The note states that the primary treater will be requesting authorization for surgery. Apparently, on 6/11/14 a request for authorization for a subacromial decompression and debridement of the R shoulder, and for a post-surgical CPM machine was made. (There is no copy of the RFA in the available records.) The request for the CPM machine was non-certified in UR on 6/18/14. A request for IMR was generated on 6/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative DME: CPM Machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) (updated 4/25/14).

**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:** Per the guideline listed above, CPM is not recommended after surgery for rotator cuff tears. It cited 11 trials that showed that CPM made no difference in terms of function and pain, and one study that found no difference in range of motion or strength, after rotator cuff surgery. CPM is recommended as an option for adhesive capsulitis. The guideline cited above and the clinical findings in this case do not support the use of a postoperative CPM machine. The patient does not have adhesive capsulitis. CPM is not recommended for routine rotator cuff surgery, and the primary treater has not documented any reason that this case might not be routine or have a special requirement for CPM. Based on the evidence-based guideline above and the clinical findings in this case, CPM is not medically necessary because it has not been shown to be effective for routine rotator cuff surgery, and because there is no documentation of a special need for the machine.