

Case Number:	CM14-0197580		
Date Assigned:	12/05/2014	Date of Injury:	05/12/2011
Decision Date:	01/28/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic 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:

The injured worker is a 50-year-old female, with a reported date of injury of 05/12/2011. The mechanism of injury include repetitive work and working with metals. The result of the injury was right shoulder pain. The diagnoses include rotator cuff tendinitis, subacromial bursitis, and impingement; anterior labral tear; and acromioclavicular synovitis. Treatments have included physical therapy, with some relief; ibuprofen, which helps with the symptoms; x-rays of the right shoulder on 06/03/2014, which showed normal bony anatomy, with no fractures, dislocations, or subluxations; and an MRI of the right shoulder on 08/02/2014, which showed mild subacromial bursitis, minimal anterior insertional tendinitis of the supraspinatus tendon, and minimal synovitis at the acromioclavicular joint. The progress report dated 09/09/2014 indicated that the injured worker continued to have problems with her right shoulder, and various treatment options were discussed. The physical examination showed a positive provocative Neer test, a positive Hawkins test, with stiffness of the right shoulder with range of motion. The treating physician noted that the injured worker completed physical therapy, with no improvement. She wanted to proceed with arthroscopic surgery. The operative report dated 10/10/2014 indicated that the injured worker underwent a right shoulder arthroscopy, subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid Bursectomy, distal clavicle resection, Mumford procedure, and debridement of labrum and labral fraying. The medical report from which the request originates is not in the medical records provided. On 10/29/2014, Utilization Review denied the request for shoulder continuous passive motion (CPM) machine, 14-day rental with sheepskin pad purchase. The UR physician cited the Official Disability Guidelines and noted a lack of documentation indicating that the injured worker had adhesive capsulitis prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM 14 Day Rental with Sheepskin Pad Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) Shoulder Chapter- CPM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoudler, Continuous passive motion.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis from the exam note of 9/9/14, the determination is not medically necessary.