

<b>Case Number:</b>	CM14-0202344		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 59-year-old male who reported an injury on 12/16/2008. The submitted documentation did not include the injured workers past clinical history. Treating physician's progress notes dated 10/14/2014 revealed the injured worker had a left rotator cuff repair, debridement of the anterior superior labrum, debridement of the long head of the biceps tendon, an acromioplasty, and distal clavicle resection. The surgery was performed to the left shoulder due to shoulder pain and discomfort secondary to rotator cuff tear and AC joint arthritis. The treating physician's progress notes dated 10/27/2014 revealed the injured attended a post op follow up examination for right shoulder arthroscopic surgery which was also performed 10/14/2014 due to a right should rotator cuff tear. The examination notes indicated the injured worker had complaints of constant moderate numbness and pain. There was noted right shoulder weakness and stiffness with a moderate to significant degree of contracture. The incision site was healed and there was no sign of infection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative continuous passive motion (CPM) machine for three weeks for the right shoulder:** 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 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 Chapter, CPM.

**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 objective evidence preoperatively of adhesive capsulitis 10/14/14, the determination is not medically necessary.