

Case Number:	CM14-0203190		
Date Assigned:	12/15/2014	Date of Injury:	12/17/2011
Decision Date:	02/09/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 17, 2001. In a Utilization Review Report dated November 8, 2014, the claims administrator denied a Continuous Passive Motion (CPM) device while approving an arthroscopic rotator cuff repair surgery, 12 sessions of postoperative physical, a cold therapy unit, and a sling. The claims administrator referenced an October 27, 2014 progress note in its determination. The applicant was described as exhibiting 150 to 160 degrees of shoulder range of motion, shoulder abduction and flexion on that date, and apparently had her shoulder MRI imaging on February 26, 2013, which demonstrated a large, chronic full thickness rotator cuff tear. Shoulder MRI imaging of January 12, 2012 was notable for complete tear of the supraspinatus tendon with an oblique tear of the glenoid labrum. On October 27, 2014, the applicant reported persistent complaints of shoulder pain, exacerbated by lifting and reaching overhead. The applicant was diabetic. The applicant had issues with reflux present. The applicant was given primary diagnosis of symptomatic traumatic rotator cuff tear with secondary or tertiary diagnoses of impingement syndrome and distal clavicle arthrosis. Surgical intervention was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Continuous Passive Motion (CPM) section.

Decision rationale: 1. No, the proposed Continuous Passive Motion (CPM) device was not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. While the third edition ACOEM Guidelines Shoulder chapter does acknowledge that Continuous Passive Motion devices are recommended in the treatment of adhesive capsulitis, in this case, the applicant's presentation was/is not, in fact, consistent with a diagnosis of shoulder adhesive capsulitis. The applicant had radiographic evidence of a large rotator cuff tear noted on MRI imaging of 2012, referenced above. The applicant's well-preserved right shoulder range of motion with flexion and abduction to 150- to 160-degree range on October 27, 2014 also argues against the presence of adhesive capsulitis for which Continuous Passive Motion (CPM) would have been indicated. The attending provider's October 27, 2014 progress note, furthermore, did not outline any applicant-specific rationale for the device in question. Therefore, the request was not medically necessary.