Case Number:	CM14-0038641		
Date Assigned:	06/27/2014	**Date of Injury:**	08/11/2006
Decision Date:	01/14/2015	**UR Denial Date:**	02/27/2014
Priority:	Standard	**Application Received:**	04/01/2014

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 Practice and is licensed to practice in Ohio. 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 male with a date of injury of August 11, 2006. He has had chronic right shoulder pain and weakness. He has had 8 previous surgeries to the right shoulder including an acromioplasty and distal clavicle resection. A recent right shoulder MRI scan reveals evidence of a partial rotator cuff tear. The physical examination reveals diminished right shoulder range of motion with tenderness to palpation of the subacromial region, the scapular region, and the bicipital groove. There is mild deltoid atrophy. The Speed's sign, Crossover sign, Hawkin's sign, and drop arm test are positive. Forward flexion is from 0-150, abduction 0-150, extension to 30, external rotation is 60, and internal rotation is 60. On February 21, 2014 the injured worker was being considered for a right shoulder arthroscopy, subacromial decompression, and possible open rotator cuff repair with a cadaver patch. At issue is a request for a continuous passive motion kit for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM/Kit x 21 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Shoulder Rotator Cuff

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

Decision rationale: Continuous passive motion is not recommended after shoulder surgery or for nonsurgical treatment for rotator cuff pathology. An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tears is limited and inconclusive. 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. CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 h once a day for 20 days during a period of 4 weeks. The PT group had a daily physical therapy treatment including active stretching and pendulum exercises for 1 h once a day for 20 days during a period of 4 weeks. All patients in both groups were also instructed in a standardized home exercise program consisting of passive range of motion and pendulum exercises to be performed every day. In both groups, statistically significant improvements were detected in all outcome measures compared with baseline. Pain reduction, however, evaluated with respect to pain at rest, at movement and at night was better in CPM group. In addition, the CPM group showed better shoulder pain index scores than the PT group. Because adhesive capsulitis involves fibrotic changes to the capsuloligamentous structures, continuous passive motion or dynamic splinting are thought to help elongate collagen fibers.In this instance, the pre-operative diagnosis given was rotator cuff sprain. The physical examination did not reveal severe range of motion limitations found with adhesive capsulitis. The pre-operative MRI scan revealed a partial rotator cuff tear. The treating physician did not provide a diagnosis of adhesive capsulitis pre-operatively. This review does not consider any recent operative reports as none have been submitted. Therefore, post-operative continuous passive motion x 21 days for the right shoulder is not medically necessary.