

Case Number:	CM15-0009842		
Date Assigned:	01/27/2015	Date of Injury:	09/29/2014
Decision Date:	04/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 61-year-old female who reported an injury on 09/09/2014. The mechanism of injury was the injured worker was reaching up for a pallet and felt a pop in her right shoulder and arm. The surgical intervention requested was noted to be a possible rotator cuff repair. The request was made for a CPM machine. The injured worker was noted to have a right shoulder massive rotator cuff tear, retraction, and a biceps tear. Prior therapies included physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine for post op use for the right shoulder (duration not specified) rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines indicate continuous passive motion is not recommended for rotator cuff problems. It is recommended for adhesive capsulitis. The clinical documentation submitted for review indicated the injured worker had rotator cuff problems and would be undergoing surgical intervention for the same. This request would not be supported. The request as submitted failed to indicate the frequency and the duration for the rental. Given the above and the lack of exceptional factors, the request for CPM machine for post op use for the right shoulder (duration not specified) rental is not medically necessary.