

<b>Case Number:</b>	CM15-0100536		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 56 year old female who sustained an industrial injury on 06/15/2014. She reported a repetitive movement injury. The injured worker was diagnosed as having full thickness rotator cuff tear and acromioclavicular arthritis. Treatment to date has included oral medication, injections, physical therapy and activity modifications. The injured worker did have temporary relief from steroid/anesthetic injection on the right shoulder. She completed fifteen sessions of physical therapy, which she reported provided no relief. The MRI of the right shoulder showed a fluid filled intrasubstance tear of the supraspinatus tendon with extension to both articular surfaces seen without any other evidence of overall retraction of the tendons. Currently, the injured worker complains of right shoulder pain. On examination there is tenderness to the acromioclavicular joint, the coracoid process, anterior, middle, and posterior portion. On the right Neers, and drop arm/Supraspinatus is positive. A right shoulder rotator cuff repair with anterior subacromial decompression and possible Mumford procedure is planned. A request for authorization is made for Continuous passive motion (CPM) machine, Right Shoulder, post-operative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous passive motion (CPM) machine, Right Shoulder, post operative use:** 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 - Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Passive Motion (CPM), page 910.

**Decision rationale:** There is treatment plan for shoulder rotator cuff repair. Although ODG does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM is not recommended for post shoulder surgeries as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit post shoulder arthroscopy outside the recommendations of the guidelines. The Continuous passive motion (CPM) machine, Right Shoulder, postoperative use is not medically necessary and appropriate.