

Case Number:	CM15-0102885		
Date Assigned:	06/05/2015	Date of Injury:	06/08/2009
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old male, who sustained an industrial injury on 6/08/2009. Diagnoses include right shoulder impingement and partial rotator cuff tear right shoulder. Treatment to date has included diagnostics, Advil, ice application and cortisone injection. Magnetic resonance imaging (MRI) of the right shoulder dated 2/17/2015 showed a significant partial tear of the supraspinatus. Per the Primary Treating Physician's Progress Report dated 4/30/2015, the injured worker reported right shoulder pain. Physical examination revealed full range of motion with no complaints. Impingement sign was positive. There was tenderness over the acromioclavicular joint and no rotator cuff tenderness. There was no tenderness over the biceps and no crepitus. The plan of care included arthroscopic surgery of the right shoulder and authorization was requested for a continuous passive motion (CPM) machine, 10 day rental for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) machine, 10-day rental post-operative, 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 (Acute & Chronic) updated 05/04/15.

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: MTUS and ACOEM are silent on continuous passive motion of the shoulder. ODG states "not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. In this case the patient has had previous major shoulder surgery on 10/18/13 and is not currently diagnosed with adhesive capsulitis. As such the request for continuous passive motion of the shoulder is not medically necessary. The treatment notes do not specify extenuating circumstances why regular physical therapy cannot be initiated. As such, the request for CPM (continuous passive motion) machine, 10-day rental post-operative, right shoulder is not medically necessary.