

Case Number:	CM15-0103683		
Date Assigned:	06/08/2015	Date of Injury:	04/07/2012
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 04/07/2012. He reported right shoulder sprain/strain injury secondary to continuous use with work activities. The injured worker was diagnosed as having magnetic resonance imaging confirmed right shoulder impingement syndrome and partial thickness supraspinatus tendon tear on 07/14/2014 and status post industrial right shoulder continuous trauma sprain/strain injury. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, 20 sessions of physical therapy, 2 cortisone injections, and medication regimen. In a progress note dated 04/03/2015 the treating physician reports complaints of pain to the right shoulder. Examination reveals decreased range of motion to the right shoulder, tenderness to the right supraspinatus region, right greater tuberosity, right biceps tendon, and right acromioclavicular joint, along with right subacromial crepitus, decreased strength to the right shoulder, pain with movement of the right shoulder, and positive provocative testing to the right shoulder. The injured worker's pain level is rated an 8 out of 10. The treating physician requested home continuous passive motion device for an initial period of 45 days to assist with restoring range of motion post arthroscopic evaluation, right shoulder decompression, distal clavicle resection, and rotator cuff and/or labral debridement as indicated. The treating physician further noted that post surgery the injured worker may be at risk for the development of adhesion and soft tissue contracture that would restrict restoring motion, and that use of a continuous passive motion in the early stages can gain the restoration of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home continuous passive motion (CPM) device: Overturned

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, CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OSG- shoulder guidelines and pg 29.

Decision rationale: According to the guidelines range of motion testing is recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. In this case, the claimant has significant shoulder pathology with restricted active motions and planned surgery. The request for CPM for improving and assessing motion of the shoulder is appropriate and medically necessary.