

<b>Case Number:</b>	CM15-0166719		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 is a 60 year old male, who sustained an industrial injury on March 25, 2015. He reported feeling a pop in his right shoulder followed by right shoulder pain. The injured worker was diagnosed as having a right shoulder strain. Treatment to date has included x-ray, MRI, physical therapy, right shoulder injections and medications. Currently, the injured worker complains of right shoulder pain that is rated at 5 on 10. The injured worker is currently diagnosed with a near complete rotator cuff tear articular surface, biceps tendon tear and complex superior glenoid labrum anterior and posterior tear. His work status is modified duty, temporary partial disability. A physical therapy note dated June 2, 2015, states the injured worker is progressing slower than anticipated and is not experiencing pain relief. A note dated July 28, 2015 states the injured worker experienced some relief from physical therapy, right shoulder injections and medications; however, he continues to complain of pain and discomfort. A continuous passive motion machine is requested to improve range of motion and restore function post-operatively.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com); Section: Shoulder (Acute & Chronic).

**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.

**Decision rationale:** The patient presents with right shoulder pain. The current request is for Continuous passive motion (CPM) machine. The treating physician's report dated 07/28/2015 (18C) does not address this request. The patient has a diagnosis of near complete rotator cuff tear/articular surface. The ODG Guidelines under the Shoulder Chapter on Continuous passive motion (CPM) 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 ODG guidelines do not support the use of CPM for patients with rotator cuff problems. The current request is not medically necessary.