

Case Number:	CM15-0190270		
Date Assigned:	10/02/2015	Date of Injury:	08/02/2013
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 female, who sustained an industrial injury on August 2, 2013, incurring bilateral shoulder injuries, worse left than right. A left shoulder Magnetic Resonance Imaging revealed degenerative changes and a full thickness tear of the tendon with a shoulder effusion. She was diagnosed with left shoulder rotator cuff impingement, left shoulder acromioclavicular joint arthritis, rotator cuff tear of the left shoulder and partial tear biceps tendon of the left shoulder and right shoulder impingement syndrome with acromioclavicular joint arthropathy. Treatment included diagnostic imaging, steroid injections, pain medications, anti-inflammatory drugs, muscle relaxants and restricted activities. Currently, the injured worker complained of persistent left shoulder pain with noted loss of motion and decreased strength. Ultrasound revealed a full thickness cuff tear. Treatment included a left shoulder injection and authorization for left shoulder surgery. On September 2, 2015, the injured worker underwent a left shoulder arthroscopy with sub acromioclavicular decompression, left distal clavicle excision, open biceps tenodesis of the left shoulder and open repair full thickness rotator cuff tear of the left shoulder. The treatment plan that was requested for authorization on September 28, 2015, included a continuous passive motion machine for 21 days for the left shoulder. On August 31, 2015, a request for a CPM machine for 21 days was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion Machine, 21-days, for the Left 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), Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter, CPM.

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 CA MTUS/ACOEM guidelines are silent on the issue of a CPM machine. According to the Official Disability Guidelines, continuous passive motion (CPM) is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis, it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the cited records, the request is not medically necessary.