

Case Number:	CM15-0195200		
Date Assigned:	10/08/2015	Date of Injury:	04/08/2014
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This injured worker is a 50 year old male, who sustained an industrial injury on 04-08-2015. The injured worker was diagnosed as having right shoulder rotator cuff strain. On medical records dated 09-28-2015 and 08-17-2015, the subjective complaints were noted as right shoulder pain. Objective findings were noted as pain with range of motion. Positive Hawkin's and Neer's test was noted. Treatments to date included physical therapy, vigorous exercise, medication and injections. The injured worker was noted to be on light duty. The provider recommended a diagnostic right shoulder arthroscopy debridement subacromial decompression rotator cuff repair. Current medications were listed as Flexeril, and Ibuprofen. The Utilization Review (UR) was dated 10-02-2015. A Request for Authorization was dated 09-28-2015. The UR submitted for this medical review indicated that the request for CPM (continuous passive motion) machine, 14-21 days was non-certified.

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, 14-21 days: 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 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 Devices.

Decision rationale: The patient presents with right shoulder pain. The current request is for CPM (Continuous Passive Motion) Machine, 14-21 days. The treating physician's report dated 09/28/2015 (30C) states, Requesting authorization for diagnostic right shoulder arthroscopy debridement subacromial decompression rotator cuff repair, to be performed on an outpatient basis at SSC twelve post operative physical therapy visits and a CPM for fourteen to twenty one days to help with strength and range of motion after surgery. The patient is status post right shoulder arthroscopy and decompression from 10/08/2015 (5B). The MTUS and ACOEM Guidelines do not discuss Continuous passive motion devices. However, the ODG Guidelines under the shoulder chapter has the following regarding continuous passive motion devices (CPM), Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. ODG further states, Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. Medical records do not show documentation of adhesive capsulitis. In this case, the ODG Guidelines do not support the use of CPM devices following shoulder surgery for rotator cuff tears. The current request is not medically necessary.