

<b>Case Number:</b>	CM15-0201539		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 64 year old male who sustained an industrial injury on 06-15-2015. According to an orthopedic consultation report dated 08-25-2015, the injured worker reported constant pain in his right shoulder with radiation into the right side of his neck which had been present since the date of injury. Pain was aggravated by moving the right arm or moving his neck. Pain was worse when sleeping and lying down on the right side and with overhead reaching activities. MRI of the right shoulder performed on 07-29-2015 showed a severe rotator cuff tendinosis with a non-acute full thickness tear of the anterior supraspinatus foot print measuring approximately 1.1 x 1.2 CM, low grade minute to partial thickness tearing delamination of the superior subscapularis fibers and associated mild medial subluxation of the long head of the biceps tendon, severe AC joint arthrosis and undersurface osteophytes narrowing the supraspinatus outlet and a small glenohumeral joint effusion and reactive synovitis. Objective findings included right anterior shoulder tenderness. Motor power was 4 out of 5 in the right. Range of motion in the right shoulder was decreased with forward flexion, extension and abduction. The treatment plan included surgery. On 09-30-2015, Utilization Review non-certified the request for CPM rental for 30 days and authorized the request for right RTC repair with suture anchors AC resection, medical clearance, Vascutherm and immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM rental for 30 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, Continuous-flow cryotherapy, Continuous passive motion.

**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:** CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), 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 exam note of 8/25/15, the determination is for non-certification.