

Case Number:	CM15-0024831		
Date Assigned:	02/17/2015	Date of Injury:	02/13/2014
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: Illinois, California, Texas
 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 55-year-old male, who sustained an industrial injury on 2/13/14. The patient underwent left shoulder arthroscopy with lysis of adhesions, manipulation under anesthesia, and rotator cuff repair on 5/27/14. The 11/26/14 left shoulder MRI impression documented a focal mid-grade partial thickness supraspinatus tear with mild acromioclavicular joint hypertrophy with minimal impression on the underlying supraspinatus tendon and body. The 12/19/14 treating physician report cited continued left shoulder stiffness. Physical exam documented active shoulder range of motion as 120 degrees elevation, 90 degrees abduction, 40 degrees external rotation, and internal rotation to L1, with pain at all end-range motions. There was no significant passive motion beyond his active limits. There was 4+/5 rotator cuff strength. The treatment plan recommended arthroscopy for lysis of adhesions and manipulation under anesthesia, followed by immediate post-operative therapy and continuous passive motion. On 1/8/15, utilization review non-certified the request for associated surgical service: CPM (continuous passive motion) machine for the left shoulder. The surgery was deemed not medically necessary; therefore the requested CMP machine would also be deemed not medically necessary. Cited also was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines. Records indicate that surgery has now been found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CPM (continuous passive motion) machine 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), Shoulder Chapter, CPM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Continuous passive motion (CPM)

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis and generally for 20 days. The use of continuous passive motion in the post-operative period would be reasonable for up to 20 days. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.