

Case Number:	CM15-0026209		
Date Assigned:	02/18/2015	Date of Injury:	07/25/2013
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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:

This 53-year-old male injured worker sustained an industrial injury on 7/25/13, due to repetitive activity. The 10/21/13 right shoulder MRI demonstrated a partial thickness tear of the supraspinatus tendon, findings suggestive of a SLAP lesion, and mild acromioclavicular joint hypertrophy and arthritis. The 1/26/15 treating physician report cited constant right shoulder pain and catching with overhead reaching, lifting and pushing activities. Physical exam documented right shoulder range of motion as flexion 150, abduction 150, and external rotation 70 degrees, with internal rotation to T10. There were positive apprehension, O'Brien's, anterior labral click, Neer, Hawkins, and Jobe's tests. There was AC joint tenderness and positive anterior and posterior joint stress testing. The diagnosis was symptomatic right shoulder impingement syndrome, distal clavicle arthrosis, and SLAP tear. The patient had been unresponsive to conservative treatment and surgery was requested. The 2/5/2015 utilization review certified a request for right shoulder arthroscopic acromioplasty, distal clavicle resection, and labral repair, Ultrasling, and 14 day cold therapy unit rental. The associated request for a continuous passive motion (CPM) unit for right shoulder was non-certified. The MTUS, ACOEM, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) unit for right shoulder, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Guideline criteria have not been met. There is no current evidence that this patient has adhesive capsulitis. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request is not medically necessary.