

Case Number:	CM15-0027845		
Date Assigned:	02/20/2015	Date of Injury:	07/01/2011
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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

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:

The injured worker is a 40 year old female, who sustained an industrial injury on 7/1/2011. The details of the initial injury were not submitted for this review. The diagnoses have included left shoulder radiator cuff tendinitis, bursitis, and impingement, partial rotator cuff tear, labral tear, and glenohumeral synovitis, status post left shoulder arthroscopy and repair 3/7/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) analgesic, physical therapy. Post operative follow up on 3/19/14 documented good progression in healing process. The provider documented compliance with CPM machine and ice machine, with decreased narcotic use, and continuation with anti-inflammatory. Physical examination documented healing of wound, steri strips applied. No signs of infection present. The plan of care included continuation of CPM use, ice as necessary, and physical therapy. On 1/20/2015 Utilization Review modified certification for a CPM (Continual Passive Motion) devise rental for fourteen (14) days and CPM pad purchase, for left shoulder, starting date of service 3/11/14. The MTUS and ODG Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of CPM (Continual Passive Motion) devise rental for twenty eight (28) days and CPM pad purchase, for left shoulder, starting date of service 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion Machine rental for 28 days and Continuous Passive Motion pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office Disability Guidelines Treatment in Workers' Compensation Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, continuous passive motion devices.

Decision rationale: The patient is status post left shoulder diagnostic and operative arthroscopy 03/07/14. The request is for CONTINUOUS PASSIVE MOTION MACHINE RENTAL FOR 28 DAY, CONTINUOUS PASSIVE MOTION PAD PURCHASE. Physical examination on 03/19/14 to the left shoulder revealed well-healing arthroscopic portals. There were no signs of infection, no induration, no erythema and no drainage noted. Per 03/19/14 progress report, patient has been instructed to begin a course of physical therapy and she is using a CPM machine as well as an ice machine. Patient's diagnosis per 03/17/14 operative report include rotator cuff tendonitis, subacromial bursitis and impingement, partial rotator cuff tear (byrsal surface), labral tear and glenohumeral synovitis. Per 03/19/14 progress report, patient's medications include Norco and anti-inflammatory medication, unspecified. Patient is totally and temporarily disabled, per 03/19/14 progress report. The ACOEM and MTUS do not discuss Continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "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." In this case, only one progress report was provided. The request is for CPM machine rental for 28 days and purchase of CPM pads. UR letter dated 01/20/15 has modified the request to 14 days of CPM machine rental and CPM pad purchase. In 03/19/14 progress report, treater states that the patient is progressing well and is no longer taking Norco. In regards to Continuous Passive Motion devices, ODG states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." Patient is status post left shoulder diagnostic and operative arthroscopy 03/07/14 and has been diagnosed with rotator cuff tendonitis, subacromial bursitis and impingement, partial rotator cuff tear (byrsal surface), labral tear and glenohumeral synovitis. The request does not meet the guideline recommendations and therefore, IS NOT medically necessary.