

Case Number:	CM15-0211577		
Date Assigned:	10/30/2015	Date of Injury:	10/23/2010
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 injured worker is a 55-year-old male who sustained an industrial injury on 10/23/10. The mechanism of injury was not documented. He was diagnosed with left shoulder impingement syndrome with full thickness rotator cuff repair, biceps tendinitis, and acromioclavicular (AC) joint arthrosis. He underwent left shoulder arthroscopy and rotator cuff repair on 5/27/14. The 8/4/15 treating physician report documented an increase in left shoulder pain and weakness when the arm was at or above shoulder level. There had been no new injury. The 9/18/15 left shoulder MRI documented a large recurrent full-thickness tear of the supraspinatus tendon with retraction, and a small partial articular surface tear of the infraspinatus tendon at the insertion. There was a suspected small posterior superior labral tear. There was a mild sprain of the inferior glenohumeral ligament and capsule, and small joint effusion. There was mild degenerative change of the AC joint with type 2 curved acromion and moderate subacromial-subdeltoid bursal effusion. The 9/22/15 treating physician report cited continued left shoulder pain and weakness. Progress report documented active range of motion as 80 degrees of forward flexion and abduction with full passive range of motion. Drop arm test was positive and rotator cuff strength was 4/5. Authorization was requested for left shoulder arthroscopy, subacromial decompression, and revision of rotator cuff repair and associated surgical services including continuous passive motion (CPM) device for 21 days. The 10/20/15 utilization review non-certified the request for a CPM device as guidelines do not support use following rotator cuff surgery.

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) x21 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 (updated 9/8/15) Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Guidelines state that CPM is not recommended after rotator cuff shoulder surgery. Guideline criteria have not been met. This injured worker presents with recurrent left shoulder pain and imaging evidence of a recurrent full thickness rotator cuff tear. Clinical exam findings documented limited active but full passive range of motion which does not evidence adhesive capsulitis. The routine use of a CPM unit following rotator cuff surgery is not supported by guidelines. There is no compelling rationale to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.