

Case Number:	CM15-0221364		
Date Assigned:	11/16/2015	Date of Injury:	03/07/2013
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female, who sustained an industrial injury on 3-7-13. The injured worker was diagnosed as having lumbar disc disease; right shoulder impingement syndrome; rotator cuff tendinosis-right. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-16-15 is hand written. It appears to indicate the injured worker was scheduled to undergo a right shoulder arthroscopy with subacromial decompression, Mumford resection on 10-16-15. The provider documents "date of surgery 10-16-15. Diagnosis: impingement syndrome right shoulder with superior labral tear SLAP II, biceps tendinitis, 20% rotator cuff tear (20% thickness -supraspinatus). Surgery: Exploration under anesthesia, right shoulder SAD, Mumford, Biceps tenotomy, rotator cuff debridement" The provider continues documentation for surgical plan; team; Interscalene block for postoperative pain and postoperative care. This includes a request for Continuous passive motion device rental for 21 days to prevent "adhesive capsulitis". A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 10-23-15 and non-certification for Continuous passive motion device with pads rental for 21 days. A request for authorization has been received for Continuous passive motion device with pads rental for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion device with pads rental for 21 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 chapter, 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 MTUS is silent on the use of shoulder CPM rentals. Per ODG TWC with regard to shoulder CPM: "Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tears is limited and inconclusive. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength." As the request is not recommended by the guidelines, it is not medically necessary.