

Case Number:	CM15-0031838		
Date Assigned:	02/25/2015	Date of Injury:	03/09/2001
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67 year old female sustained an industrial injury to bilateral shoulders on 3/9/01. Treatment plan included medications, rest, injections and shoulder arthroscopy. Magnetic resonance imaging right shoulder (1/9/15) contained findings consistent with recurrent rotator cuff tear. In a progress note dated 1/19/15, the injured worker complained of ongoing shoulder and neck pain. The treatment plan included right shoulder open Mumford procedure and rotator cuff repair, postoperative physical therapy, cold therapy, CPM machine, sling and abduction brace. On 1/29/15, Utilization Review noncertified a request for Postop CPM Machine 21 day rental citing CA MTUS and ACOEM Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop CPM Machine 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines are silent on the subject of continuous passive motion (CPM) devices for postoperative use in the shoulder. The ODG, however, states that it is not recommended for shoulder rotator cuff problems, but may be considered as an option for adhesive capsulitis up to 4-5 days per week as it has shown to decrease pain. In the case of this worker, there was a plan to undergo a rotator cuff repair, for which CPM devices are not recommended after surgery. Also, there was no evidence to support the worker had adhesive capsulitis or evidence to suggest the operation would include treatment for this. Therefore, the post-operative CPM machine rental is not medically necessary nor would likely be helpful in this case, according to the notes provided for review.