

Case Number:	CM15-0036729		
Date Assigned:	03/05/2015	Date of Injury:	01/28/2014
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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: Minnesota, Florida
 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 1/28/2014. The current diagnoses are persistent, symptomatic, traumatic, complete retracted rotator cuff tear, impingement syndrome, and distal clavicle arthrosis of the left shoulder. Currently, the injured worker complains of moderate left shoulder pain and weakness. The pain is described as constant and dull to intermittent and sharp. The physical examination of the left shoulder reveals tenderness over the bicipital groove with restricted range of motion. Neer, Hawkins, and Jobe tests are all positive. MRI of the left shoulder demonstrates a full-thickness, displaced, retracted rotator cuff tear with a type 2 acromion and degenerative changes of the acromioclavicular joint. Treatment to date has included medications, physical therapy, and cortisone injection. The treating physician is requesting continuous passive motion - 7 day rental, which is now under review. On 1/29/2015, Utilization Review had non-certified a request for continuous passive motion - 7 day rental. The Official Disability Guidelines 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 - 7 day rental: 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), 2014, Shoulder chapter, AHRQ Comparative Effectiveness Review.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous passive motion.

Decision rationale: ODG guidelines do not recommend continuous passive motion for shoulder rotator cuff problems. It is recommended for adhesive capsulitis up to 4 weeks/5 days per week. For rotator cuff tears the guidelines do not recommend CPM after shoulder surgery or for nonsurgical treatment. The documentation indicates good range of motion of the shoulder with abduction of 150 and flexion of 150, internal rotation 70, and external rotation 70. The injured worker has a full-thickness rotator cuff tear with retraction and acromioclavicular arthritis. There is no evidence of adhesive capsulitis. As such, the request for continuous passive motion 7 day rental is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.