MAXIMUS Federal Services

Case Number:	CM15-0049321		
Date Assigned:	03/23/2015	Date of Injury:	07/29/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: Preventive Medicine, Occupational Medicine

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 61-year-old male, who sustained an industrial injury on 07/29/2009 where he injured his left shoulder. On provider visit dated 11/21/2014 the injured worker has reported left shoulder pain. On examination he was noted to a have increase of range of motion with the use of CPM machine, and no tenderness o palpation noted. The diagnoses have included disc bulge C5-C7, osteoarthritis AC joint of left shoulder, and status post arthroscopic decompression of left shoulder. Treatment to date has included mediation, physical therapy and CPM machine. The provider requested the continuation of the CPM machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for rental of CPM machine, synthetic sheepskin pad for the left shoulder with a date of service of 11/18/2014-12/17/2014: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous passive motion (CPM) Machine (Shoulder) and BlueCross Blue Shield, 2005.

Decision rationale: The Official Disability Guidelines do not recommend CPM machines for shoulder rotator cuff problems. Rotator cuff tears: 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. (Seida, 2010) Retrospective request for rental of CPM machine, synthetic sheepskin pad for the left shoulder with a date of service of 11/18/2014-12/17/2014 is not medically necessary.