MAXIMUS Federal Services

Case Number:	CM15-0085193		
Date Assigned:	05/07/2015	Date of Injury:	03/12/2009
Decision Date:	07/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, Florida, 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 46-year-old female who reported an industrial injury on 3/12/2009. Her diagnoses, and/or impressions, are noted to include right shoulder rotator cuff tear and impingement syndrome, status-post arthroscopy with rotator cuff repair and decompression (9/25/14). Post-operative magnetic imaging studies are stated to have been done which show a trans-mural re-tear with subluxation and degeneration. Her treatments have included surgery; post-operative physical therapy; acupuncture treatments; medication management; and rest from work. The progress notes of 3/5/2015 noted sub-sided right shoulder pain that is still considerable for being 4 months post-op, along with limited range-of-motion and weakness. Objective findings were noted to include positive impingement of the right shoulder; weakness with external rotation and abduction; limited range-of-motion; pain in the biceps region; and numbness/tingling in the index finger and thumb. The physician's requests for treatments were noted to include the rental of a continuous passive range-of-motion machine for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: continuous passive motion machine (unspecified rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, under CPM.

Decision rationale: This claimant was injured in 2009, now six years ago. She had a right shoulder arthroscopy in September of 2014. She has a re-tear. As of March, she still has limited range of motion and weakness. Regarding Continuous Passive Motion for the Shoulder, the ODG notes in the shoulder section: Not recommended for the shoulder. See the Knee Chapter for more information and Criteria for the use of continuous passive motion devices. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative 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) Further, there is no mention of rental vs. purchase, so the clinical appropriateness of the service further cannot be truly assessed. Given the negative evidence-based support of continuous passive motion for the shoulder, the request was appropriately non-certified.