

Case Number:	CM15-0088721		
Date Assigned:	05/12/2015	Date of Injury:	08/17/2011
Decision Date:	06/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 17, 2011. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve a request for 14 days of continuous passive motion. RFA forms of March 30, 2015, March 17, 2015, and March 14, 2015, were referenced in the determination, as was the progress note of February 24, 2015. The claims administrator claimed that the rotator cuff pathology was the prevalent concern here. The applicant's attorney subsequently appealed. In a progress note dated April 3, 2015, thoracic MRI imaging was sought. The applicant presented with neck pain, mid back pain, and shoulder pain with multiple palpable tender points. The applicant was using Norco, tramadol, and Prilosec, it was reported. The applicant had been terminated by her former employer and had not worked since July 2012, it was acknowledged. In a progress note dated April 15, 2015, it was stated that the applicant had multifocal shoulder, wrist, and hand pain with derivative complaints of insomnia and depression. The note was quite difficult to follow. The applicant was described as having a rotator cuff tear status post earlier shoulder surgery on July 2, 2014. On February 24, 2015, the applicant reported ongoing complaints of shoulder pain, 5/10. The applicant was asked to pursue right shoulder arthroscopy debridement and manipulation under anesthesia. Limited shoulder range of motion with flexion and abduction of 90- to 100-degree range was evident. The applicant was described as having developed substantial loss of motion. The attending provider felt that the applicant's prior rotator cuff repair was intact and that the applicant had developed postoperative arthrofibrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x 14 days: Overturned

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 - CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Shoulder Disorders, pg 221 2. Recommendation: Continuous Passive Motion for Treatment of Adhesive Capsulitis Continuous passive motion (CPM) is recommended in conjunction with a home exercise program for treatment of adhesive capsulitis. Indications - All adhesive capsulitis patients, especially moderate to severely affected patients.

Decision rationale: Yes, the request for 14 days of continuous passive motion was medically necessary, medically appropriate, and indicated here. The request in question apparently represented an adjunct request for continuous passive motion (CPM) following planned shoulder arthroscopy manipulation under anesthesia surgery. The MTUS does not address the topic of continuous passive motion devices for adhesive capsulitis, the diagnosis reportedly present here. However, the Third Edition ACOEM Guidelines Shoulder Chapter notes that continuous passive motion devices are recommended in conjunction with an exercise program in treatment of adhesive capsulitis. Here, the attending provider did frame the request as a request for CPM in conjunction with a postoperative rehabilitation program following planned manipulation under anesthesia surgery. This was an ACOEM-endorsed role for the same. Therefore, the request was medically necessary.