

Case Number:	CM14-0118903		
Date Assigned:	08/06/2014	Date of Injury:	04/20/2013
Decision Date:	12/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old male with left shoulder pain resulting from a fall on 4/21/2013. An MRI scan of the shoulder revealed a partial thickness rotator cuff tear/tendinosis, labral tear, acromioclavicular arthrosis and impingement. The worker underwent arthroscopy of the left shoulder with subacromial decompression, acromioplasty, rotator cuff debridement, labral debridement, coracoacromial ligament resection, bursectomy, and a Mumford procedure on 3/14/2014. The disputed issue pertains to a request for a post-operative continuous passive motion unit rental for 30 days and purchase of a shoulder CPM pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder CPM Unit Rental x30days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous Passive Motion

Decision rationale: The California MTUS does not address this issue. The ODG guidelines do not recommend use of a CPM post-operatively for shoulder decompression or rotator cuff repair.

However, it is recommended as an option for adhesive capsulitis. Evidence based guidelines do not establish the medical necessity of CPM for a shoulder decompression or rotator cuff surgery. Therefore the request for a left shoulder CPM rental for 30 days was not medically necessary.

Left Shoulder CPM Pad Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous Passive Motion

Decision rationale: The CPM rental for 30 days was not medically necessary. Therefore purchase of the pad was also not medically necessary.