

Case Number:	CM14-0132483		
Date Assigned:	09/19/2014	Date of Injury:	09/12/2012
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 59-year-old female who reported an injury on 09/12/2012. The mechanism of injury was provided. The injured worker's diagnoses included right shoulder adhesive capsulitis status post rotator cuff tear repair. Her past treatments included medication. Her diagnostic testing included a postoperative MRI that was noted to confirm intact rotator cuff repair with only a partial residual or recurrent tear of the rotator cuff. The injured worker's surgical history included a right shoulder arthroscopy with decompression and open repair of large rotator cuff tear with biceps tendinosis back on 04/02/2013 and an arthroscopic lysis of adhesions and extensive debridement performed on 06/12/2014. On 06/25/2014, the injured worker was 12 days postoperative right arthroscopy with debridement, lysis of adhesions and MUA. She reported that she was using home CPM 6 hours a day and felt that she has gotten better mobility following her surgery. She reported that she had not yet started physical therapy. Upon physical examination, the injured worker was noted to have right shoulder range of motion with flexion to 110 degrees, abduction to 90 degrees, extension to 30 degrees and external rotation to 30 degrees. The injured worker's medications included anti-inflammatories as needed. The request was for the shoulder CPM rental to be extended for 14 days. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Sholder CPM (Extension of Rental for 14 days) for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter; Rotator Cuff repairs; Continuous passive motion (CPM)

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

Decision rationale: The request for retro shoulder (extension of rental for 14 days) for the right shoulder is not medically necessary. The Official Disability Guidelines do not recommend continuous passive motion for rotator cuff problems, but recommend it as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Continuous passive motion treatment for adhesive capsulitis provides better response and pain reduction than conventional physical therapy. The injured worker was noted to have developed frozen shoulder in the postoperative period and had been unable to regain mobility. She reported that she had been using the home continuous passive motion 6 hours a day and felt that she had gotten better mobility following her surgery. The documentation did not provide sufficient evidence as to how long the injured worker has been using the continuous passive motion at home, the guidelines recommend as an option up to 4 weeks/5 days per week. Upon physical examination, the injured worker was noted to be getting a bit stiff again already with flexion to 110 degrees, abduction to 90 degrees and extension to 30 degrees. In the absence of documentation with evidence of significant objective functional gains and the duration that the continuous passive motion has been in use the request is not supported at this time. Therefore, Retro Shoulder CPM (Extension of Rental for 14 days) for right shoulder is not medically necessary.