

Case Number:	CM14-0165284		
Date Assigned:	10/10/2014	Date of Injury:	03/05/2014
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 Arizona. 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:

This is a 60-year-old female with a date of injury of 3/5/2014. The injured worker had a slip and fall at work which resulted in injury to her right ankle, left shoulder, left hand, and to her left side. She complained of constant throbbing pain in her left shoulder which radiates to her left hand. The pain is aggravated by raising her arm. An examination dated 6/18/2014 documents tenderness over the left acromioclavicular joint, bicipital tendon groove and supra infraspinatus deltoid complex. The injured worker has a frozen shoulder and a positive drop arm test. She has significant loss of forward flexion, abduction and rotation of the shoulder. Her treatment plan includes physical therapy, activity modification, and anti-inflammatory medication. An MRI was done of the shoulder which revealed a complete rotator cuff tear with retraction. Orthopedic provider requests for authorization for repair of rotator cuff tear and for continuous passive motion (CPM) machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic) Updated 04/25/2014 Continuous Passive Motion (CPM)

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

Decision rationale: The CA MTUS guidelines do not specifically mention CPM devices. The ODG under shoulder conditions do mention continuous passive motion. They do not recommend it after rotator cuff surgery or for nonsurgical treatment of rotator cuff tears. There studies site no difference in pain, or function with the use of continuous passive motion and no change in the range of motion. Therefore, for use after rotator cuff repair, the medical necessity for continuous passive motion has not been established. The request for CPM Machine is not medically necessary.