MAXIMUS Federal Services

Case Number:	CM14-0165796		
Date Assigned:	10/10/2014	Date of Injury:	07/29/2009
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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 70 year old female with an accepted work injury to the right shoulder from repetitive motion on 07/29/2009. She was diagnosed with advanced impingement syndrome, severe comminuted SLAP II lesion with loss of biceps anchor, partial tear of long head of biceps and subacromial bursitis. The worker underwent surgery on 02/12/2014 consisting of arthroscopy of the shoulder, debridement of the labrum, debridement of the rotator cuff, subacromial decompression, Mumford procedure, partial acromionectomy, bursectomy, and lysis of adhesions .She continued to complain of shoulder pain and did not progress per chiropractic notes. An MR arthrogram was performed on 9/5/2014. This revealed an ill-defined non-retracted oblique full thickness rotator cuff tear with an intra-substance delamination component and tendinosis. This involved the distal and mid fibers of supraspinatus. Upon injection of the contrast the capacity of the shoulder joint was slightly less than normal consistent with mild changes of adhesive capsulitis. This is also supported by the documentation of reduced range of motion with limitation of abduction to 90 degrees. Additional surgery for the shoulder has been requested and approved by UR on 09/17/2014. The disputed issue pertains to Continuous Passive Motion Quantity = 3.This was denied by UR using the ODG guidelines for rotator cuff repair but the adhesive capsulitis was not mentioned in the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion Quantity: 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

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: MTUS is silent on the issue of post-operative continuous passive motion after shoulder surgery. ODG guidelines recommend continuous passive motion as an option for adhesive capsulitis 5 days per week for up to 4 weeks. It provides a better response to pain reduction as compared to regular physical therapy. It also prevents adhesions by virtue of elongation of the collagen fibers. Based upon the documentation provided, there is evidence of adhesive capsulitis on the MR Arthrogram and also on clinical examinations. The UR denial was for the use of CPM post-operatively for rotator cuff repairs and did not mention adhesive capsulitis in the rationale. The request for continuous passive motion rental for 3 weeks post-operatively is medically necessary per evidence based guidelines this request is medically necessary.