

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0213270 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 04/10/2014 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 male who reported injury on 04/10/2014. The mechanism of injury was due to repetitive duties of his job as a cable installer. The injured worker has a diagnosis of impingement syndrome of the right shoulder, AC joint arthritis with impingement of the right shoulder, bicipital tendonitis of the right shoulder, and partial rotator cuff tear of the right shoulder. Past medical treatments consist of surgery, physical therapy, cortisone injections, limited activity, and medication therapy. Medications include anti-inflammatory medications, Prilosec, and Tylenol 3. No pertinent diagnostics were submitted for review. On 12/01/2014, the injured worker underwent right shoulder arthroscopic surgery with repair of the undersurface rotator cuff tear, subacromial decompression, excision acromioclavicular joint, and synovectomy. Medical treatment plan was for the injured worker to have use of a CPM unit with pads for 30 days rental. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM unit with pads x 30 day rental: 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 Procedure Summary

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 (CPM).

Decision rationale: The request for CPM unit with pads x30 day rental is not medically necessary. According to the ODG, continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The guidelines also state that a recent Cochrane review concluded that there was high quality evidence that continuous passive motion increased passive range of motion and active flexion range of motion, but that these effects are too small to be clinically worthwhile, and there is low quality evidence that continuous passive motion has no effect on length of hospital stay, but reduces the need for manipulation under anesthesia. The adjunctive home use of CPM may be an effective treatment option for patients at risk of contractures, regardless of whether the patient is being treated as part of a Worker's Compensation claim or not. Recent literature suggests that routine home use of CPM has minimal benefit when combined with standard physical therapy, but studies conducted in a controlled hospital setting suggest that CPM can improve rehabilitation. Given that ODG does not recommend the use of CPM, the request as submitted would not be substantiated. As such, the request is not medically necessary.