

Case Number:	CM14-0068048		
Date Assigned:	07/11/2014	Date of Injury:	09/18/2012
Decision Date:	03/19/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 31-year-old male injured worker suffered an industrial injury on 9/18/2012. The patient underwent right shoulder arthroscopic Bankart procedure on 12/27/12, followed by re-injury. The 11/26/13 treating physician report indicated the patient had right shoulder pain with popping. Range of motion was documented as 130 degrees flexion and abduction with positive orthopedic tests and tenderness in the bicipital groove and subacromial space. He underwent right arthroscopic revision, subacromial decompression, acromioplasty, coracoacromial ligament resection, bursectomy, glenohumeral, rotator cuff and labral debridement, and removal of loose intraarticular sutures on 4/11/14. Under consideration is a request for post-operative CPM rental for 4 weeks and soft good pads. The Utilization Review Determination on 4/30/2014 non-certified shoulder CPM (continuous passive motion) unit rental for 4 week and soft goods pads for purchase, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder CPM (Continuous passive motion) unit rental for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder Procedure Summary- 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 California MTUS does not provide recommendations for continuous passive motion (CPM) following shoulder surgery. The Official Disability Guidelines state that CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, except in cases of adhesive capsulitis. Guideline criteria have not been met. There is evidence that this patient had adhesive capsulitis at the time of the request. Prophylactic use of continuous passive motion in shoulder surgeries is not consistent with guidelines. Therefore, this request for shoulder CPM (continuous passive motion) unit rental for 4 weeks is not medically necessary.

Soft goods pads for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.