

Case Number:	CM15-0000474		
Date Assigned:	01/12/2015	Date of Injury:	03/18/2002
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on 03/18/2002. He has reported reduced range of motion. The diagnosis was right shoulder impingement syndrome along with a tear of the rotator cuff and left arthroscopy 11/3/2010. Treatment to date has included topical analgesic patches and oral medications. The treating provider requested the Continuous Passive Motion unit as part of the post-operative therapy for pending right shoulder arthroscopy. On 12/09/2014 Utilization Review non-certified a CPM unit, noting the ODG Guideline for Shoulder Procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) unit: 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, continuous passive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, continuous passive motion devices

Decision rationale: The patient presents with moderate right shoulder pain, increased with work above the shoulder level. The request is for a CONTINUOUS PASSIVE MOTION UNIT. There is no indication of the patient being scheduled for any surgery or of having any recent surgery. The report with the request is not provided nor are there any discussions provided regarding this request. The ACOEM and MTUS do not discuss Continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." In this case, the report with the request is not provided. The patient has a decreased range of motion for his right shoulder, tenderness, and a positive Hawkins and Neer impingement sign for the right shoulder. The 02/29/12 MRI of the right shoulder revealed a right rotator cuff tear. ODG Guidelines clearly do not recommend CPM for patients with shoulder rotator cuff problems. Therefore, the requested continuous passive motion unit IS NOT medically necessary.