

Case Number:	CM15-0126748		
Date Assigned:	07/13/2015	Date of Injury:	12/19/2014
Decision Date:	08/06/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, Oregon
 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:

The injured worker is a 65 year old male, who sustained an industrial injury on December 19, 2014. He reported an injury in his right anterior and lateral shoulder. Treatment to date has included MRI of the right shoulder, ice/heat therapy, exercise, wrist/elbow surgery, mediations, right shoulder injection, physical therapy, and work/activity modifications. Currently, the injured worker complains of right shoulder pain and left elbow and wrist pain. He reports that he had some relief in right shoulder pain following an injection; however he reported he continued with sharp and aching pain of the right shoulder with crossover and arm elevation. On physical examination the injured worker has tenderness to palpation at the anterior shoulder, the bicipital groove/tendon and the acromioclavicular joint. His right shoulder has a limited range of motion and he has reduced motor strength at the infraspinatus muscle. Hawkins' maneuver, Neer's Test Speeds test and acromioclavicular joint cross body compression tests were positive. His right shoulder pain is made worse with lifting. The diagnoses associated with the request include biceps tendinitis, acromioclavicular joint sprain, and rotator cuff syndrome. The treatment plan includes right subacromial decompression, distal clavicle excision, biceps tenodesis and possible rotator cuff repair with associated continuous passive motion, pre-operative medical clearance with electrocardiogram/laboratory evaluations, cold therapy rental, twelve visits of post-operative physical therapy and surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (weeks) Qty: 6.00: 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 - 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.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for 4 weeks. As there is no evidence preoperatively of adhesive capsulitis and to what extent it exists, the request exceeds guidelines, the determination is not medically necessary.