

Case Number:	CM15-0039566		
Date Assigned:	03/09/2015	Date of Injury:	11/05/2012
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: Minnesota, Florida
 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 59 year old female who sustained a work related injury November 5, 2012, to the lower back, right shoulder, right wrist, right hand, right hip and bilateral knees. Over the course of care, she had been treated with medications, physical therapy, structured home exercise program and knee orthosis, dispensed April, 2014. According to a physician's progress report dated February 6, 2015, the injured worker presented with continued pain to the low back, right shoulder wrist and hand, bilateral thumbs, right hip and bilateral knees. Diagnoses included; osteoarthritis not otherwise specified knee; osteoarthritis of lower leg (knee, ankle); plantar fasciitis; bicipital long-head tenosynovitis, right; moderate obesity; lumbar degenerative disc disease; lumbar radiculopathy; mid cervical protraction; acromioclavicular sprains and strains, right; knee sprain/strain; and joint replaced knee. Treatment plan included life counseling, instruction on home exercise, and medication. The injured worker underwent an MRI scan of the right shoulder on 1/7/2014, which showed a full-thickness supraspinatus tendon tear with some scar in situ measuring 2.8 cm in length and 1.6 cm in AP dimension with tendon retraction. A request for right shoulder arthroscopy with subacromial decompression and distal clavicle resection, biceps tenodesis and rotator cuff repair was certified by utilization review. The disputed request pertains to the medical necessity of continuous passive motion machine 21 day rental for the right shoulder and an airplane splint for the right shoulder following the rotator cuff repair. Utilization review non-certified the CPM rental and Airplane splint using ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Continuous Passive Motion (CPM) unit 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous Passive Motion.

Decision rationale: The injured worker underwent an MRI scan of the right shoulder on 1/7/2014, which showed a full-thickness supraspinatus tendon tear with some scar in situ measuring 2.8 cm in length and 1.6 cm in AP dimension with tendon retraction. A request for right shoulder arthroscopy with subacromial decompression and distal clavicle resection, biceps tenodesis and rotator cuff repair was certified by utilization review. The disputed request pertains to the medical necessity of continuous passive motion machine 21 day rental for the right shoulder and an airplane splint for the right shoulder following the rotator cuff repair. ODG guidelines do not recommend continuous passive motion after a rotator cuff repair except in the presence of adhesive capsulitis. The documentation provided does not indicate the diagnosis of adhesive capsulitis. Therefore, the request for continuous passive motion after the rotator cuff repair is not supported and the medical necessity of the rental CPM for 21 days has not been substantiated.

Associated surgical services: Airplane splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Post-operative abduction pillow sling.

Decision rationale: With regard to the request for the airplane splint for postoperative use after the rotator cuff repair, ODG guidelines do not recommend use of an abduction pillow sling (or airplane splint) except for open rotator cuff repairs of large and massive tears. The abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus. They are not recommended for arthroscopic repairs. The MRI scan does not document a massive tear. Furthermore, the request as stated is for arthroscopic surgery. As such, the request for an airplane splint is not supported and the medical necessity of the request has not been substantiated.

