

Case Number:	CM15-0065929		
Date Assigned:	04/13/2015	Date of Injury:	08/10/2012
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52-year-old male, with a reported date of injury of 08/10/2012. The diagnoses include rotator cuff tear, and shoulder osteoarthritis. Treatments to date have included an MRI of the left shoulder, and an x-ray of the left shoulder. The medical report dated 03/02/2015 indicates that the injured worker complained of persistent pain in his left shoulder. He also complained of neck pain with radiation to the shoulder and mid-arm and spasms at times. The physical examination showed tenderness of the left acromioclavicular joint, tenderness of the lateral subacromial, no crepitation, no signs of instability, and positive left shoulder impingement signs. The treatment plan included a diagnostic left shoulder arthroscopy with rotator cuff repair, subacromial decompression and probable distal clavicle resection and debridement. The treating physician requested post-operative continuous passive motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative CPM: 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 Guidelines, 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, Continuous Passive Motion.

Decision rationale: CA MTUS is silent on the use of continuous passive motion (CPM). ODG section on shoulder states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. See the Knee Chapter for more information on continuous passive motion devices. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. (Raab, 1996) (BlueCross BlueShield, 2005) An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and nonoperative treatments for rotator cuff tears is limited and inconclusive. With regard to adding continuous passive motion to postoperative physical therapy, 11 trials yielded moderate evidence for no difference in function or pain, and one study found no difference in range of motion or strength. (Seida, 2010) In this case, the planned surgery is for rotator cuff repair for which use of continuous passive motion machine is not medically necessary.