

Case Number:	CM15-0069643		
Date Assigned:	04/17/2015	Date of Injury:	11/08/2011
Decision Date:	05/18/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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 54 year old female, who sustained an industrial injury on 11/8/2011. She reported a progressive injury with repetitive activities. The injured worker was diagnosed as having left shoulder rotator cuff tear and osteoarthritis. Left shoulder magnetic resonance imaging showed rotator cuff tear and impingement. Treatment to date has included physical therapy, medication management and pending surgery. In a progress note dated 3/10/2015, the injured worker complains of continued shoulder pain. The treating physician is requesting continuous passive motion rental 90 days-postsurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

(CPM) CONTINUOUS PASSIVE MOTION MACHINE RENTAL 90 DAYS (POST SURGERY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous Passive Motion (CPM), page 910.

Decision rationale: Although ODG does recommend CPM for post knee surgery with restricted indications, it specifically states the CPM may be only be appropriate for adhesive capsulitis and is not recommended for post shoulder surgeries involving rotator cuff disorders as multiple studies have note no difference in function, pain, strength or range of motion. Submitted reports have not demonstrated adequate support for the continuous passive motion unit for non-surgical shoulder treatment outside the recommendations of the guidelines. The (CPM) CONTINUOUS PASSIVE MOTION MACHINE RENTAL 90 DAYS (POST SURGERY) is not medically necessary and appropriate.