

Case Number:	CM15-0075939		
Date Assigned:	04/27/2015	Date of Injury:	01/28/2011
Decision Date:	05/26/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury to the neck, back, bilateral upper extremities, bilateral lower extremities, knees and feet. Previous treatment included magnetic resonance imaging, electromyography, left shoulder arthroscopy with decompression (1/29/15), bilateral carpal tunnel release, physical therapy, bracing, home exercise and medications. In a PR-2 dated 3/4/15, the injured worker reported that her shoulder was feeling better. The injured worker complained of shoulder pain, rated 4/10 on the visual analog scale, as well as bilateral hand and elbow pain. The injured worker reported using her continuous passive motion (CPM) machine daily. Current diagnoses included left shoulder impingement syndrome and rotator cuff tendinosis, right lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar spine spondylosis with facet joint arthropathy, bilateral knee internal derangement, bilateral plantar fasciitis, status post bilateral carpal tunnel release and status post left shoulder arthroscopy. The treatment plan included continuing home exercise, medications (Motrin and Ultram) and physical therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review (DOS 1/29/15-3/2/15) for DME (durable medical equipment) rental of a CPM (continuous passive motion) Device other than knee, plus soft goods synthetic sheepskin pad, 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section/Continuous Passive Motion (CPM).

Decision rationale: MTUS guidelines do not address the use of CPM for shoulder injuries, therefore, other guidelines were consulted. The ODG guidelines do not recommended the use of CPM for shoulder rotator cuff problems, but do recommend CPM as an option for adhesive capsulitis, up to 4 weeks, 5 days per week. CPM is not recommended after shoulder surgery or for nonsurgical treatment for rotator cuff tear. An AHRQ Comparative Effectiveness Review concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative 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. CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 hour once a day for 20 days during a period of 4 weeks. The PT group had a daily physical therapy treatment including active stretching and pendulum exercises for 1 h once a day for 20 days during a period of 4 weeks. All patients in both groups were also instructed in a standardized home exercise program consisting of passive range of motion and pendulum exercises to be performed every day. In both groups, statistically significant improvements were detected in all outcome measures compared with baseline. Pain reduction, however, evaluated with respect to pain at rest, at movement and at night was better in CPM group. In addition, the CPM group showed better shoulder pain index scores than the PT group. Because adhesive capsulitis involves fibrotic changes to the capsuloligamentous structures, continuous passive motion or dynamic splinting are thought to help elongate collagen fibers. This injured worker is utilizing CPM for the treatment of rotator cuff injury, and not adhesive capsulitis, which is not supported by the ODG. The request for Retrospective review (DOS 1/29/15-3/2/15) for DME (durable medical equipment) rental of a CPM (continuous passive motion) Device other than knee, plus soft goods synthetic sheepskin pad, 21 days is considered to not be medically necessary.

Home exercise kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise section Page(s): 81-82.

Decision rationale: MTUS guidelines recommended exercise as part of a recovery program and to manage chronic pain. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program, therefore medical necessity for a home exercise kit purchase has not been established. The request for home exercise kit purchase is found to be not medically necessary.