

Case Number:	CM15-0094235		
Date Assigned:	05/20/2015	Date of Injury:	04/16/2008
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

This 43 year old female sustained an industrial injury to the right upper extremity on 4/19/08. The injured worker underwent right elbow arthroscopy with debridement and lateral release and right shoulder injection on 1/16/15. Additional treatment included physical therapy, injection, home exercise and medications. In a progress noted dated 4/13/15, the injured worker had increased her right upper extremity use. The right elbow had remained stable. The right shoulder had become increasingly painful with difficulty reaching over head and washing her hair. The injured worker reported being unable to lie on her shoulder at night. Physical exam was remarkable for painful right shoulder range of motion with palpable subacromial crepitus, 4/5 strength and positive impingement sign. Current diagnoses included status post arthroscopic lateral release right elbow and right shoulder impingement syndrome with 50% bursal-sided rotator cuff tear. The treatment plan included right shoulder arthroscopy with rotator cuff repair and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Day Continuous Passive Motion (CPM) rental for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Chapter: Shoulder Section: Continuous Passive Motion Devices.

Decision rationale: The Official Disability Guidelines comment on the use of continuous passive motion devices (CPM) as a treatment modality. These guidelines state 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. Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment. 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. Adhesive capsulitis: According to this RCT, CPM treatment for adhesive capsulitis provides better response in pain reduction than conventional physical therapy. The CPM group received CPM treatments for 1 h 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. In this case, the medical records do not provide evidence that the intent of CPM is to treat adhesive capsulitis. For other shoulder conditions, per the above cited guidelines, CPM is not recommended. For this reason, 15 days of CPM rental for the right shoulder is not considered as medically necessary.