

<b>Case Number:</b>	CM13-0045340		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 48 year old male patient who sustained an industrial injury on 11/27/2012. A primary treating office visit dated 06/14/2013 reported the patient with subjective complaint of having shoulder pain, restricted motion and weakness. The following diagnoses were applied: right shoulder tendonitis with impingement; right synovitis shoulder, and right rotator cuff pathology. The plan of care noted the patient recommended using sequential compression sleeves, to undergo a course of post-operatively physical therapy, to utilize a continuous passive motion unit along with a cold therapy unit. Back at a visit on 05/02/2013 the patient underwent an initial pain management evaluation with a chief complaint of low back pain. An electrodiagnostic nerve conduction study was performed on 03/07/2013 and showed bilateral L5 radiculopathy. Objective findings showed him with numbness, paresthesia, and weakness. The patient has tried using Ice/heat application, NSAIDs without any improvement in symptom. Previous treatment recommended a lumbar steroid injection. He had an orthopedic re-evaluation on 03/14/2013 that provided diagnostic results from the following: MRI of right shoulder 02/13/2013 revealed mild tendinosis of the distal supraspinatus tendon with moderate to severe tendinosis of the distal subscapularis tendon. A tiny punctuate fluid collection at the supraspinatus tendon footprint was incidentally found. SLAP lesion type II without propagation into either the posterior or anterior labrum. There was severe AC joint arthropathy with marked synovitis and secondary articular bony changes with marrow edema and minimal fluid in the lateral subdeltoid bursa. An MRI done that same day on 02/13/2013 showed moderate tendinosis of the distal subscapularis tendon with superficial and mid intrasubstance minimal partial

tearing of the tendon at its footprint. The assessment found the patient with a history of lumbar spine and bilateral shoulder injury; MRI done on 12/21/2012 with disc protrusion at L4-5 and at L5-S1; electrodiagnostic nerve conduction study 03/07/2013 showed bilateral L5 radiculopathy; MRI of left shoulder 02/12/2013 showed rotator cuff tendinitis with severe AC joint arthrosis, and MRI of right shoulder 02/13/2013 revealed rotator cuff tendinosis, SLAP lesion and severe AC joint arthropathy. The plan of care recommended additional physical therapy session, pain management evaluation, injections and follow up visit. The patient did receive a left shoulder injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective DOS: 6/14/13: Shoulder CPM (continuous passive motion) x 21 day rental (right shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter has the following regarding continuous passive motion devices.

**Decision rationale:** The patient was injured on 11/27/12 and presents with shoulder pain/weakness and a limited shoulder range of motion. The request is for a 21 DAY RENTAL OF A SHOULDER CPM. The RFA is dated 06/17/13 and the patient's recent work status is not provided. The 02/13/13 MRI of the right shoulder revealed mild tendinosis of the distal supraspinatus tendon with moderate-to-severe tendinosis of the distal subscapularis tendon, tiny punctuate fluid collection at the supraspinatus tendon footprint, severe AC joint arthropathy with marked synovitis and secondary articular bony changes with narrow edema. The 02/13/13 MRI of the left shoulder revealed moderate tendinosis of the distal subscapularis tendon with superficial and mid intrasubstance minimal partial tearing of the tendon at its footprint, severe, severe AC joint arthropathy with synovitis and bony changes, and cluster of subcortical microcyst within the posterolateral humeral head. The ACOEM and MTUS guidelines do not discuss continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." The reason for the request is not provided. The 03/14/13 progress report states that the patient "has difficulty sleeping at night as a result of his bilateral shoulder pain." He is diagnosed with right shoulder tendonitis with impingement, right shoulder synovitis, and right rotator cuff pathology. He has tenderness over the subacromial bursal space, shoulder girdle musculature, and AC joint. He has a positive cross-arm test, a positive Neer and Hawkins Impingement sign, and a positive O'Brien's test of the right shoulder. In this case, ODG guidelines state that CPM devices are not recommended for rotator cuff problems, which the patient presents with. Furthermore, ODG Guidelines recommend CPM for patients with adhesive capsulitis, which the patient does not present with. The request IS NOT medically necessary.

**Retrospective DOS: 6/14/13: Soft Goods (Right shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter has the following regarding continuous passive motion devices.

**Decision rationale:** The patient was injured on 11/27/12 and presents with shoulder pain/weakness and a limited shoulder range of motion. The request is for SOFT GOODS. The RFA is dated 06/17/13 and the patient's recent work status is not provided. The 02/13/13 MRI of the right shoulder revealed mild tendinosis of the distal supraspinatus tendon with moderate-to-severe tendinosis of the distal subscapularis tendon, tiny punctuate fluid collection at the supraspinatus tendon footprint, severe AC joint arthropathy with marked synovitis and secondary articular bony changes with narrow edema. The 02/13/13 MRI of the left shoulder revealed moderate tendinosis of the distal subscapularis tendon with superficial and mid intrasubstance minimal partial tearing of the tendon at its footprint, severe, severe AC joint arthropathy with synovitis and bony changes, and cluster of subcortical microcyst within the posterolateral humeral head. The ACOEM and MTUS guidelines do not discuss continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week." ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment." The reason for the request is not provided. The 03/14/13 progress report states that the patient "has difficulty sleeping at night as a result of his bilateral shoulder pain." He is diagnosed with right shoulder tendonitis with impingement, right shoulder synovitis, and right rotator cuff pathology. He has tenderness over the subacromial bursal space, shoulder girdle musculature, and AC joint. He has a positive cross-arm test, a positive Neer and Hawkins Impingement sign, and a positive O'Brien's test of the right shoulder. In this case, ODG guidelines state that CPM devices are not recommended for rotator cuff problems, which the patient presents with. Furthermore, ODG Guidelines recommend CPM for patients with adhesive capsulitis, which the patient does not present with. Since the requested CPM is not medically reasonable, the soft goods for the CPM are not required either. Therefore, the request IS NOT medically necessary.