
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

December 23, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/8/2013
Date of Injury: 10/10/2011
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0011739

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Louisiana and Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The patient is a 50-year-old male who reported injury on 10/10/2011. The mechanism of injury was stated to be the patient was injured when a tub of Jell-O pushed into him, causing him to hit the wall with his right shoulder. The patient was noted to have a full thickness tear of the supraspinatus tendon and a focal tear involving the rotator cuff interval. The patient was noted to have a rotator cuff repair. The diagnoses included full-thickness rotator cuff repair of the right shoulder. Treatment plan was noted to include a continuous passive motion machine postoperatively for the right shoulder.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continuous passive motion (CPM) machine post-op right shoulder is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Shoulder Chapter, which is not part of the MTUS..

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Passive Motion (CPM), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS/ACOEM Guidelines do not address continuous passive motion machines postoperatively. Official Disability Guidelines do not recommend postoperative use of a continuous passive motion machine for a rotator cuff problem. The clinical documentation submitted for review indicated the patient had a torn rotator cuff and had surgical repair of the rotator cuff. However, it failed to provide exceptional factors to warrant non-adherence to

guideline recommendations. **The request for continuous passive motion machine postoperative right shoulder is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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