MAXIMUS Federal Services

Case Number:	CM13-0028227		
Date Assigned:	11/22/2013	Date of Injury:	06/10/2011
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Nebraska 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old female who reported an injury on 06/10/2011. It was noted that the injury occurred while she walking down a stairway, and her right foot slipped off the first step, causing her to fall down on her buttocks and to slide all the way down the steps to the very bottom. Diagnoses were listed as right shoulder posttraumatic arthrosis of the acromioclavicular and left rotator cuff tear, cervical sprain/strain, lumbar herniated nucleus pulposus at L4-5 with stenosis, left shoulder sprain/strain and overuse syndrome, right knee medial meniscus tear, obesity, anxiety and depression, and insomnia. A recommendation was made for physical therapy 3 times a week for 6 weeks. The patient was seen on 09/10/2013, and it was noted that she was 3 weeks post a large rotator cuff repair. It was stated that she had not yet had physical therapy. The plan was noted for physical therapy 2 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy sessions 3 times a week for 6 weeks for right shoulder, cervical spine and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The guidelines state that postsurgical treatment following a rotator cuff repair or acromioplasty is 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. In recent notes, it is indicated that she does have functional deficits related to the surgery; therefore, physical therapy would be indicated. However, the guidelines state that the initial course of therapy means 1/2 the number of visits specified in a general course of therapy for the specific surgery. Therefore, the request for physical therapy 3 times a week for 8 weeks exceeds the guidelines' recommendation for an initial 12 visits of physical therapy. Additionally, the request includes therapy for the cervical spine and lumbar spine, and her recent physical examination findings relate only to the shoulder. Therefore, it is not known whether she suffers from functional deficits to the cervical spine and lumbar spine, which would benefit from therapy. For these reasons, the request is non-certified.