

Case Number:	CM13-0053852		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2010
Decision Date:	03/13/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 62-year-old male with date of injury 04/27/10. The listed diagnoses per [REDACTED] dated 09/10/13 are: cervical , thoracic, lumbar spine sprain, bilateral shoulder sprain/strain, right side impingement, bilateral knee sprain, history of right inguinal hernia, status post arthroscopic left shoulder rotator cuff repair on 10/02/2013, Status post arthroscopic subacromial decompression and distal clavicle resection on 10/02/2013, and status post tenotomy and extensive debridement on 10/02/2013. According to progress report dated 10/08/13 by the provider, the patient is one week status post arthroscopic rotator cuff repair of a massively torn and retracted rotator cuff with subacromial decompression, distal clavicle resection, labral debridement and bicep tenotomy on 10/02/13. The physical examination shows patient has excellent wound healing, no signs of infection. He tolerates range of motion from 0 to 90° passive forward flexion, forward elevation and abduction. The provider is requesting physical therapy for a total of 24 sessions post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Frequency time per week 3: Number of weeks 4 and then 2x4 and then 1x4, Left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient is status post left shoulder surgery on 10/02/13. The provider is requesting a total of 24 post-op physical therapy visits. The MTUS post-surgical guidelines indicate that for complete rupture of rotator cuff: recommends 40 visits over 16 weeks. This patient is within the post-op time frame. The utilization review dated 10/23/13, denied the request stating "insufficient information" and that "operative reports were not made available for review." Review of reports from 06/17/13 to 10/08/13 do not document any recent physical therapy visits. The provider's request for 24 post-surgical physical therapy sessions seems to be within MTUS guidelines. Therefore, recommendation is for authorization.