

Case Number:	CM13-0058188		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2013
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/26/2013

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:

This is a 48 year-old female who injured her neck and left shoulder on 6/8/13 while transferring laundry from the washer to the dryer. She was found to have a rotator cuff tear and according to the 9/30/13 report from [REDACTED], had been approved for surgery for 10/18/13. On 9/30/13, [REDACTED] asked for 36 post-op PT sessions. The 10/28/13 report states the patient had the surgery on 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Postoperative Physical Therapy x 36 visits to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient underwent rotator cuff surgery for supraspinatus and infraspinatus tears with 3.5cm retraction, on 10/11/13. The physician has requested an initial course of 36 postsurgical physical therapy sessions. The MTUS/postsurgical treatment guidelines states an initial course of therapy is \hat{A} ½ of the general course of therapy. For complete rupture of the rotator cuff, the general course of care is 40 sessions, and the initial course of care is 20 sessions. Twenty (20) sessions would be appropriate to show functional improvement,

unfortunately, the IMR process does not allow for partial certification. The request as written, for 36 visits, exceeds the MTUS postsurgical guideline recommendations.