

Case Number:	CM13-0022345		
Date Assigned:	11/13/2013	Date of Injury:	01/29/2011
Decision Date:	01/15/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 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:

An initial review notes that this request is for a retrospective approval of 37 sessions of chiropractic care. That review notes that the patient sustained an injury to the left shoulder 01/29/2011 and that the patient was status post left shoulder surgery 10/19/2011 and right shoulder surgery 03/14/2013 and that the patient had been attending post-operative physical therapy as well as therapy by chiropractor. The physician reviewer notes that the guidelines recommend up to 24 sessions of post-operative physical therapy, and the patient has completed well beyond what is recommended by the guidelines and that overall the requested chiropractic treatment exceeds the treatment guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested Chiropractic Visits Qty: 37.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California Medical Treatment Utilization Schedule Post-operative Treatment Guidelines, page 27 recommends, "Post-surgical Treatment: Arthroscopic: 24 visits

over 14 weeks" for a rotator cuff syndrome or impingement syndrome, with a post-surgical physical medicine treatment period of 6 months. Moreover, the Chronic Pain Medical Treatment Guidelines, Section on Manual Therapy and Manipulation, page 58, discusses the goal of manual therapy and manipulation to achieve "progression in the patient's therapeutic exercise program and return to productive activities." Overall this patient would be anticipated to have transitioned by this time to active independent rehabilitation. This patient has received extensive physical medicine treatment so far and would be expected to have transitioned to this independent rehabilitation program. The medical records do not provide a rationale or other exception to explain why this patient would require a large amount of additional chiropractic treatment rather than an independent home rehabilitation program at this time. This request is not medically necessary.