MAXIMUS Federal Services

Case Number:	CM13-0056191		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2012
Decision Date:	08/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractics 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 expert 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:

According to the available medical records, this is a 35 year old male patient with chronic shoulders pain, date of injury 10/22/2012. Previous treatments include medications, physical therapy, left shoulder acromioplasty, arthroscopy and rotator cuff repairs on 08/29/2013, braces and post-op physical therapy. Progress report dated 09/16/2013 by the secondary and requesting doctor revealed patient with left shoulder post-surgical acromioplasty with tendon repair. Exam revealed well-healed scars, no swelling/heat/redness, pain reduced ROM by 5% of normal. Requesting passive therapy 3x a week for 2 weeks. A prescription date 09/10/2013 by the primary treating doctor prescibed PT/Chiro evaluation and treatment with ROM only for the left shoulder, no AROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS 3 X WEEK FOR 2 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Postsurgical Patient Management, page 11-12 Page(s): 11-12.

Decision rationale: The California MTUS guidelines recommend physical medicine should include a home exercise program to supplement therapy visits, modalities should only be

performed in conjunction with other active treatments. Although these modalities are occasionally useful in the post surgical physical medicine period, their use should be minimized in favor of active physical rehabilitation and independent self-management. Therefore, the request for passive therapy 3x a week for 2 weeks is not medically necessary.