

Case Number:	CM14-0123446		
Date Assigned:	08/08/2014	Date of Injury:	09/03/2013
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Orthopedic Surgery 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:

The patient is a 38-year-old male maintenance worker who sustained an industrial injury on 9/3/13. Injury occurred when a floor beam broke under him and he reached out in order not to fall through the floor. The patient underwent left shoulder arthroscopic rotator cuff repair, Mumford procedure, and acromioplasty on 3/26/14 and was authorized for 18 post-op physical therapy sessions. The 4/18/14 chiropractic progress report indicated that the patient had recently undergone surgery and was not able to use his left upper extremity or do any heavy lifting. Objective findings documented left shoulder range of motion as flexion 60, extension 30, and abduction 60 degrees. The treatment plan recommended 12 visits for chiropractic treatment for postsurgical rehabilitation. The 6/27/14 chiropractic progress report indicated the patient had improved and was using his shoulder more often. Residual difficulty was noted in combing or washing his hair. Physical exam documented left shoulder abduction 90, flexion 100, and extension 30 degrees. There was strength loss in flexion and abduction. The treatment plan recommended 8 visits of chiropractic/physiotherapy treatment to increase range of motion and muscle strength. The 7/1/14 orthopedic surgeon report indicated the patient had left shoulder pain and better range of motion. Occupational therapy was to start today. Left shoulder exam documented tenderness over the scar, flexion 135 degrees, abduction 135 degrees and good internal rotation. The treatment plan included occupational therapy and home exercise program. The 7/10/14 utilization review denied the request for chiropractic treatment as guidelines do not recommend the use of manipulation post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care to the left shoulder, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient was certified for 18 visits of post-op physical therapy at the time of surgery on 3/26/14. A 4/18/14 request from the treating chiropractor is noted for 12 visits. The records are unclear as to what type of treatment this patient has received in the post-op period and how many visits have been provided. Under consideration is a 6/27/14 chiropractic request for 8 additional visits. The 7/1/14 surgeon report indicated that occupational therapy was planned. There is no compelling reason to support the medical necessity of postsurgical chiropractic treatment not recommended by the surgeon and in excess of the general course of treatment. Therefore, the request for chiropractic care to the left shoulder for eight visits is not medically necessary.