

Case Number:	CM14-0039978		
Date Assigned:	06/27/2014	Date of Injury:	10/24/2011
Decision Date:	09/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 45-year-old gentleman who was reportedly injured on October 24, 2011. The mechanism of injury was noted as repetitive trauma. The most recent progress note dated January 6, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion with flexion and abduction to 110, internal rotation to 20, and external rotation to 15. There was 4/5 muscle strength of the right arm. Diagnostic imaging studies of the right shoulder showed no indication of prosthesis loosening. Previous treatment included a right shoulder hemiarthroplasty and subsequent physical therapy. A request was made for laser therapy and chiropractic care for the right shoulder and was denied in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser therapy for right shoulder #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT). Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Disability Duration: Shoulder (Acute & Chronic), Low level laser therapy (LLLT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Low Level Laser Therapy, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, low level laser therapy is recommended for adhesive capsulitis and impingement of the shoulder. According to the medical record, the injured employee was not diagnosed with either of these issues. Therefore, this request for laser therapy two times a week for three weeks for the right shoulder is not medically necessary.

Chiropractic therapy for right shoulder #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, there is limited evidence to support the utilization of manipulative procedures for the shoulder. Additionally, the injured employee has already participated in physical therapy and it is unclear why chiropractic care is requested rather than continued participation in a home exercise program. Without additional justification, this request for chiropractic care twice week for four weeks for the right shoulder is not medically necessary.