

<b>Case Number:</b>	CM14-0040977		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Preventative Medicine and is licensed to practice in Indiana. 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:

This employee is a 48 year old woman with several work related injuries dated 10/2007, 12/2007, 5/2008, and 11/2008. It is not clear from the medical documentation provided what the original mechanism of injury was, but she has been diagnosed with left shoulder impingement and status post left subacromial decompression. She had surgery in December 2012. The employee was approved for 16 sessions of physical therapy and 12 sessions of chiropractic treatment after the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional physical therapy sessions for the left shoulder (2x6): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The guidelines referenced above state that post-surgical PT treatments should be limited to 24 visits over 14 weeks, within 6 months of the surgery. This employee has already had 16 visits to PT and had the surgery over a year ago. Thus, 2X6 PT visits are not medically necessary.

**12 chiropractic sessions for the left shoulder (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The employee had surgery over a year ago, and had chiropractic sessions in the post-operative period. The guidelines references above state that "Manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time." Therefore, 12 chiropractor sessions are not medically necessary.