MAXIMUS Federal Services

Case Number:	CM14-0059598		
Date Assigned:	07/09/2014	Date of Injury:	10/03/2012
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 Chiropractor and Acupuncture and is licensed to practice in Texas. 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 41-year-old female who reported an injury on 10/03/2012. The mechanism of injury was noted to be cumulative trauma. The injured worker's prior treatments were noted to be physical therapy, acupuncture, and medications. The injured worker's diagnosis was noted to be status post right shoulder arthroscopy on 09/19/2013. The injured worker had a clinical evaluation on 03/24/2014. It was noted the injured worker had complaints of constant stiffness and soreness. Complaints of neck pain with range of motion. The physical exam revealed positive Hawkins. There was pain with range of motion. Stiffness was noted on examination. The treatment plan included a request for chiropractic treatment x 12 to help with strengthening. The provider's rationale for the request was provided within the documentation on 03/24/2014. A Request for Authorization of medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder (Acute & Amp Chronic).

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

Decision rationale: The request for chiropractic 12 sessions is not medically necessary. The California MTUS Postsurgical Treatment Guidelines state: The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy pursuant to Labor Code section 4604.5(d)(1). The postsurgical treatment for arthroscopic surgery is 24 visits over 14 weeks. The postsurgical physical medicine treatment time period is 6 months. The guidelines also state that patients shall be re-evaluated following the continuation of therapy when necessary, or no later than every 45 days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence and management of symptoms, and with achievement of functional goals. Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. At the time of evaluation, the injured worker had 7 visits of physical therapy out of 36 to complete. The injured worker still continued to have pain with range of motion and stiffness. The request for additional chiropractic visits was to help with strengthening. It is not indicated that the injured worker has had education on strengthening exercises with home exercise program. The request for chiropractic sessions would be in excess of the recommended visits according to the guidelines. In addition, the request does not indicate the area of the body in need of chiropractic therapy. Therefore, the request for chiropractic 12 sessions is not medically necessary.