

Case Number:	CM15-0138982		
Date Assigned:	08/03/2015	Date of Injury:	08/15/2012
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 42-year-old male, who sustained an industrial injury on 8-15-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having status post right shoulder arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included right shoulder arthroscopy, therapy and medication management. In a progress note dated 6-19-2015, the injured worker complains of right shoulder discomfort. Physical examination showed right shoulder tenderness and decreased range of motion, left shoulder tenderness and right knee tenderness. The treating physician is requesting post-operative chiropractic rehabilitation x 8 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op chiropractic rehab x 8 to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the shoulder is not recommended. The doctor is requesting Post-Op chiropractic rehab, to the right shoulder x 8. The post- surgical guidelines (section 9792.20, page 26 & 27) for physical therapy only apply to the 1st 6 months after the surgery, which according to the documentation the patient received. The doctor's request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.