

Case Number:	CM15-0143865		
Date Assigned:	07/30/2015	Date of Injury:	11/02/2014
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/24/2015

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

Certification(s)/Specialty: Chiropractic

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 injured worker is a 32 year old male who reported an industrial injury on 11-2-2014. His diagnoses, and or impression, were noted to include: post-traumatic right shoulder sprain due to impingement or entrapment of the supraspinatus tendon and secondary to the industrial injury; and status-post right shoulder arthroscopy on 5-11-2015. No current imaging studies were noted. His treatments were noted to include "SAD" with "AC" joint debridement (5-11-15); medication management; and rest from work. The progress notes of 5-13-2015 noted the first 5-11-2015 post-operative follow-up visit. Objective findings were noted to include good healing with no infection and the removal of staples; and that he was ready to start therapy. The physician's requests for treatments were noted to include 12 post-surgical chiropractic treatments to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional sessions of chiropractic/physical medicine treatment consisting of joint mobilization: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guideline, Regional Neck Pain.

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

Decision rationale: Per the records provided for review, the patient completed arthroscopic right shoulder surgery on 5/11/15. Post-surgical physical therapy was approved for 12 sessions. The MTUS Post-surgical Treatment Guidelines, for impingement syndrome arthroscopy, recommends post-surgical physical medicine treatment for a period of 6 months. The same section recommends 24 visits over 14 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. The patient has completed an unspecified number of chiropractic care session prior to surgery. Post-surgical chiropractic has not been rendered. Per the records provided, the patient has not exhausted the 24 post-surgical sessions of therapy recommended by The MTUS. I find that the 12 post-surgical chiropractic sessions to right shoulder are medically necessary and appropriate.