

Case Number:	CM15-0146627		
Date Assigned:	08/07/2015	Date of Injury:	08/15/2012
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 August 15, 2012. Treatment to date has included right shoulder arthroscopic subacromial decompression on May 13, 2015, Kenalog injection, diagnostic imaging, modified work duties, medications and home exercise program. Currently, the injured worker reports that his post-operative pain is controlled with medications. He has completed one session of post-operative physical therapy. On physical examination the injured worker has no swelling, discharge, redness or symptoms of infection in the right shoulder. He exhibits a decreased range of motion of the right shoulder. The documentation reveals the injured worker has completed twelve chiropractic therapy sessions for the right shoulder. A chiropractic session on June 24, 2015 revealed the injured worker reported numbness along the right anterior deltoid and right biceps. He had tenderness to palpation and muscle guarding on examination. He exhibited tenderness to palpation over the right supraspinatus and right deltoid. The diagnoses associated with the request include status post right shoulder arthroscopic surgery. The treatment plan includes continued post-operative physical therapy, Norco and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-op rehab chiropractic treatments for the right shoulder to include exercises, modalities, manipulation and myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic) Manipulation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation/Sprains and strains of shoulder and upper arm.

Decision rationale: The claimant presented with chronic right shoulder pain despite previous treatments with medications, injections, chiropractic, arthroscopic surgery, post-op physical therapy, and home exercise program. Reviewed of the available medical record showed the claimant had completed 12 chiropractic manipulation visits and 11 post-op physical therapy visits with no objective functional improvement. Although Post-Surgical Treatment Guidelines might recommend up to 24 visits with functional improvement, ODG recommended up to 9 chiropractic manipulation for the shoulder. In this case, the claimant already exceeded the guidelines recommendation. Therefore, the request for additional 12 post-op rehab chiropractic treatment with exercises, manipulation and physiotherapy is not medically necessary.