

Case Number:	CM15-0023815		
Date Assigned:	02/13/2015	Date of Injury:	12/20/2011
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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, Oriental Medicine

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 51 year old male, who sustained an industrial injury on December 20, 2011. He has reported injury of the left shoulder. The diagnoses have included rotator cuff sprain, intervertebral disc disorder with myelopathy of cervical region. Treatment to date has included medications, surgery, rest, and 6 completed post-operative physical therapy visits. Currently, the IW complains of neck pain, and left shoulder pain with radiation down to the hand. Physical findings reveal tenderness in the neck area, and muscle spasm, and tenderness to the left shoulder region, and a positive supraspinatus test. The completed physical therapy visits are noted to have significant functional improvement. Range of motion increased for the left shoulder flexion 110 to 125, adduction 25 to 45, external rotation 60 to 80, and internal rotation 50-60. On January 22, 2015, Utilization Review non-certified post-operative Chiropractic therapy, three times weekly for two weeks, for the left shoulder. The ODG guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of post-operative chiropractic therapy, three times weekly for two weeks, for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Chiropractic Therapy 3 times a week for 2 weeks for the Left Shoulder:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Manipulation; Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment.

Decision rationale: The UR determination of 1/22/15 denied the request for additional post surgical Chiropractic therapy 6 sessions stating that reviewed documentation failed to meet evidence based guidelines (ODG) for the requested service. The determination stated that the request was within guidelines however documentation did not include detailed assessment of the patients current functional condition including ROM and motor strength which would support additional Chiropractic therapy. The 1/5/15 request from the the primary physician did highlight evidence of functional improvement with evidence of comparative ROM increased from pre-therapy flexion of 110 to 125 post therapy and adduction pre-therapy of 25 to 45 post therapy and rotation pre-therapy of 60 to 80 post therapy and internal rotation of pre-therapy 50 to 60 post therapy. The referenced CAMTUS post operative treatment guidelines do support post operative therapy with evidence of functional improvement up to 24-30 visits. Sufficient functional gains made with the initial 6 sessions of therapy were provided to support an additional 6 sessions of care which are supported by reference CAMTUS Post Surgical Treatment Guidelines.