

Case Number:	CM15-0240417		
Date Assigned:	12/17/2015	Date of Injury:	09/28/2014
Decision Date:	01/21/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/09/2015

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, 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 44-year-old male who sustained an industrial injury on 09-28-2014. Medical records indicated the worker was treated for a right shoulder injury (torn rotator cuff). In the provider notes of 10-26-2015, the worker reported pain at a 4 on a scale of 0-10 which was slightly decreased from his last visit. On exam, he had decreased range of motion, positive Apley scratch maneuver, and reproducible pain with palpation of the right shoulder. The plan of care included additional chiropractic-physical rehabilitation. The injured worker was status post right shoulder distal clavicle excision and decompression with debridement (04-30-2015) and had completed 43 of 46 post-operative physical therapy sessions. Physical therapy notes from 10-30-2015 relate that the worker has had positive progress very slowly due to capsulitis presentation-reaction to surgery. A request for authorization was submitted for Chiropractic physical rehabilitation inclusive of laser therapy and massage X 6, right shoulder. A utilization review decision 11-09-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physical rehabilitation inclusive of laser therapy and massage X 6, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, massage is recommended as an adjunct to manipulation and exercises. Laser therapy is not recommended by the above guidelines. There is no recommendation for manipulation for a post-surgical shoulder. The doctor requested 6 chiropractic physical rehabilitation to include laser therapy and massage to the right shoulder. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate. According to the records the patient has already completed 43 of 46 post-operative physical therapy sessions.