

Case Number:	CM15-0090088		
Date Assigned:	05/14/2015	Date of Injury:	06/07/2012
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 32 year old male, who sustained an industrial injury on 6/7/2012. Diagnoses have included left and right shoulder rotator cuff tear. Treatment to date has included right shoulder surgery, physical therapy, acupuncture, corticosteroid injections, left shoulder surgery (2/11/2015) and medication. According to the progress report dated 3/24/2015, the injured worker complained of left shoulder pain. He was status post left arthroscopic subacromial decompression with low pain tolerance. Physical exam revealed no evidence of infection at incisions. The injured worker had slight stiffness developing. The injured worker was given a corticosteroid injection to the subacromial space. The treatment plan was to continue physical therapy to work on range of motion. Authorization was requested for chiropractic physiotherapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy times nine for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to evidence based guidelines, post surgical rehabilitation treatment is medically necessary for rotator cuff and subacromial decompression. The recommendation is 24 visits over 14 weeks. The claimant appears to have only received six sessions of chiropractic physiotherapy after his surgery. Therefore, 9 sessions of chiropractic physiotherapy are medically necessary.