

Case Number:	CM15-0093870		
Date Assigned:	05/21/2015	Date of Injury:	11/11/2010
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 48 year old male who sustained a work related injury November 11, 2010. Past history included diabetes, hypertension, hyperlipidemia, obesity, bilateral knee surgery and on March 4, 2015 arthroscopy, right shoulder subacromial decompression, distal clavicle resection (Mumford), and extensive debridement superior labrum, SLAP tear and extensive debridement bursal surface partial thickness rotator cuff tear. According to physical therapy notes dated April 13, 2015, the shoulder is slowly getting better with range of motion and strength slowly improving. Diagnoses are chronic subacromial impingement syndrome; DJD AC (degenerative joint disease acromioclavicular) joint, severe; sprains/strains of unspecified site of shoulder and upper arm. At issue is the request for post-operative chiropractic rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative chiropractic rehab: myo-fascial release, exercises, modalities and manipulation in house, for the right shoulder 2 times a week for 4 weeks, then once a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy & manipulation, Postsurgical Treatment Guidelines.

Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with chronic shoulder pain, status post shoulder arthroscopy on 03/04/2015. The claimant has completed 12 post-op chiropractic physical medicine rehab visits to date. Although Post-Surgical treatment guidelines might recommend up to 24 visits over 14 weeks for rehab. Manipulation is not recommended. Meanwhile, ODG recommend 9 visits over 8 weeks for shoulder sprains and strains, which the claimant had exceeded the total number of visits. Based on the guidelines cited, the request for additional 12 chiropractic rehab and manipulation therapy is not medically necessary.