

Case Number:	CM14-0008559		
Date Assigned:	02/12/2014	Date of Injury:	03/10/2009
Decision Date:	11/20/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 51 year old female, who sustained an industrial-work injury on 3-10-09. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement status post left shoulder arthroscopy. Medical records dated (8-26-13 to 12-9-13) indicate that the injured worker complains of continued pain in the left shoulder but improving with physical therapy. Per the treating physician report dated 12-9-13 the injured worker has not returned to work. The physical exam dated 12-9-13 reveals left shoulder positive impingement, positive crepitus, and positive spasm. The physical therapy note dated 7-30-13 reveals that there are limitations of the left shoulder that are capsular in presentation and responding slowly and carryover between sessions is poor. The injured worker reports "less pain" but stiff moving into abduction more than flexion left shoulder and the progress has been slow. Treatment to date has included pain medication, left shoulder arthroscopy 6-26-13, physical therapy at least 6 sessions, and other modalities. The request for authorization date was 12-11-13 and the requested service included Twelve (12) additional chiropractic treatments with cold laser therapy for the left shoulder, 2 times per week for 6 weeks. The original Utilization review dated 12-20-13 non-certified the request for Twelve (12) additional chiropractic treatments with cold laser therapy for the left shoulder, 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional chiropractic treatments with cold laser therapy for the left shoulder, 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Low-Level Laser Therapy (LLLT).

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The claimant underwent left shoulder arthroscopic subacromial decompression with excision of the distal clavicle and extensive debridement surgery on 6/26/2013. This was followed by course of postoperative therapy. On 8/3/2013 the claimant was reevaluated by her orthopedic surgeon. The reevaluation noted the claimant is "improving with PT." The recommendation was for continued left shoulder physical therapy. On 11/1/2013 the claimant's orthopedic surgeon, [REDACTED] noted that "patient has continued pain" in her shoulder. The recommendation was for chiropractic treatment "for cold laser therapy" at 2 times per week for 6 weeks. On 12/9/2013 [REDACTED] reevaluated the claimant who noted "continued left shoulder pain, but states she is improving". The recommendation was for chiropractic treatment for cold laser therapy at 2 times per week for 6 weeks. This request was denied by peer review. The medical necessity for the requested 12 treatments was not established. Medical treatment utilization schedule guidelines, page 57, low-level laser therapy section give low-level laser therapy a "not recommended" recommendation. Moreover, this claimant has undergone low-level laser therapy prior to this request with no evidence of functional improvement. Therefore, the medical necessity for the requested treatment with a chiropractor consisting of low-level laser therapy was not established. The request is not medically necessary.