

Case Number:	CM13-0010612		
Date Assigned:	12/11/2013	Date of Injury:	07/01/2011
Decision Date:	02/03/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Licensed in Chiropractic Care and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old female was working as a data entry and billing clerk, which is resulted in a right shoulder injury from repetitive activity, with the date of injury of July 1, 2011. Patient initially got occupational medical care, which included physical therapy and medication. 8 visits of acupuncture were also requested in August 2012 of which 4 were authorized. She also got an MRI in April 2012, which revealed partial rotator cuff tear with supraspinatus tendonitis. She had an injection in her shoulder at that time which helped her. She was returned back to modified job duties but as of 12-31-2012, she was placed off work due to no modified duties being available to her. On June 1, 2013, she was evaluated by another physician who reviewed her condition. He provided her with a shoulder injection, medication and recommended chiropractic treatment at 2 times a week for 3 weeks. Follow up evaluations by physician also recommended similar requests in September, October and November 2013. Utilization review was performed on August 2, 2013, which denied the request for chiropractic care for the shoulder at 2 times a week for 3 weeks, total 6 visits. Reasoning sited was that the UR did not have prior medical records to show what the history was of this patient, so there was questioning of the delay in care 2 years post injury. The UR also stated that records indicated that 6 chiropractic sessions ordered on June 17, 2013 have yet to be initiated and that claimant had not had recent chiropractic or physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

for six (6) chiropractic treatments for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Chiropractic Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: