

Case Number:	CM13-0017036		
Date Assigned:	10/11/2013	Date of Injury:	08/26/2009
Decision Date:	03/25/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 Board Certified in Chiropractic Care, has a subspecialty in Chiropractic Sports 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 56 year old male who injured his right shoulder on 8/26/09 when he fell backwards landing on his right extended shoulder. The injured worker has pain radiating down his right arm and neck pain. The injured worker has been treated with medications and physical therapy. The MRI of the right shoulder revealed a partial tear of the right rotator cuff, 1.5cm tear of the distal supraspinatus. He had surgery on 3/29/2010 of the right shoulder. Post surgically the patient experienced burning right shoulder pain radiating down the arm to the fingers. He received post surgical care but was still experiencing significant pain in the right shoulder. Due to the failed right shoulder surgery, a MRI of the right shoulder with gadolinium-enhanced MRI scanning revealed type 2 to 3 acromion with impingement and posterior superior glenoid rim articular cartilage loss. Rotator cuff intact. In addition to these findings he was also diagnosed with chronic brachial plexitis, right upper extremity. He was referred to a neurologist who recommended EMG/NCV studies or an MRI of the brachial plexus. The utilization doctor stated that the injured worker has completed both post operative physical therapy and post operative chiropractic therapy and patient is active in a home exercise program. The injured worker reports improvement with treatment but continues to experience right shoulder pain and provider is requesting additional chiropractic sessions with 8 chiropractic treatments remaining according to 8/6/2013 progress report. Additional chiropractic sessions not medically indicated until these sessions are completed in order to assess patient's response to treatment showing objective measurable gains in functional improvement and then determine necessity of future care. Twelve more not authorized. The medical doctor is requesting 12 chiropractic post operative visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post op chiropractic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per California MTUS post surgical guidelines for the shoulder, the patient is allowed 24 visits over 14 weeks. Post surgical physical medicine: 6 months. The records indicated that the injured worker had not completed all of his prior authorized treatment and had not shown objective functional improvement from these visits to warrant further chiropractic treatment. Therefore the additional visits are denied until the prior visits are completed and the injured worker shows measurable gains in objective functional improvement.