

Case Number:	CM13-0027145		
Date Assigned:	11/22/2013	Date of Injury:	11/14/2001
Decision Date:	02/10/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic, 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:

According to the available medical records, this is a 60 year old female patient with chronic right shoulder pain, date of injury 01/10/2010. Previous treatments also include physical therapy, chiropractic and medications. Patient recently have right shoulder decompression/MUMFORD/rotator cuffs debridement on 05/17/2013 and she had received 20 chiropractic therapy to date. Patient progress report dated 08/23/2013 from the [REDACTED] revealed decreased strength, pain ROM, painful arc decreased intensity, patient to complete the remaining 6 authorized visits. PR-2 report dated 08/15/2013 by [REDACTED] requested additional post-operative chiropractic services, modalities, exercise rehabilitation 2 times a week for 4 weeks and then 1 time a week for 4 weeks, the rest of the hand written report is not eligible to read

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment post op with exercises and modalities, two (2) times a week for four (4) weeks then one (1) time a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-operative Physical Therapy For the Shoulder.

Decision rationale: According to the medical records, this patient has had 20 chiropractic treatment post-op with exercise and modalities. The request for 2 times a week for 4 weeks and then 1 time a week for 4 week exceeded the CA MTUS guidelines recommendation and therefore, is NOT medically necessary.