

Case Number:	CM13-0030680		
Date Assigned:	12/13/2013	Date of Injury:	10/17/2012
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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, 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.

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 52 year old female patient with chronic right shoulder pain and low back pain, date of injury 10/17/2012. Previous treatments include right shoulder arthroscopy 05/09/2013, physical therapy, chiropractic, TENS unit, medications. Progress report dated 08/28/2013 by [REDACTED] revealed improving in cervical spine and right shoulder, improvement with use of right shoulder, increased ROM, less pain, able to perform chores with less pain; exam revealed flexion 105/180, ext. 50/50, abd. 110/180, add. 35/50; diagnoses s/p right shoulder arthroscopy, cervical neuritis, cervical sp/st, cervicgia, lumbar radiculitis; patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic therapy 2x6 to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-2. Decision based on Non-MTUS Citation ODG shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM guidelines do not recommend chiropractic manipulation for this patient's condition. Therefore, the request for chiropractic therapy 2x6 for the right shoulder is NOT medically necessary.