

Case Number:	CM13-0036506		
Date Assigned:	12/13/2013	Date of Injury:	05/17/2013
Decision Date:	02/12/2014	UR Denial Date:	10/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 55 year old male patient with shoulders pain, date of injury 05/17/2013. Previous treatments include physical therapy, medications and injection into the right shoulder. Primary treating physician's initial evaluation report dated 09/18/2013 by [REDACTED] revealed constant and sharp right-side headaches, the pain is associated with numbness, pain radiates to his right neck and shoulder, his activities of daily living are severely affected, pain is worse in the morning and evening and with bending forward, constant and sharp right shoulder pain, 8-9/10, the pain is associated with weakness, radiates to his right arm, his activities of daily living are severely affected due to this pain, pain is worse in the morning and evening and lifting, constant and sharp left shoulder pain, associated with weakness, radiates to his left arm, his activities of daily living are severely affected due to this pain, pain is worse with lifting; right shoulder tenderness to palpation, spasm and swelling noted over the deltoid complex, Neer and Hawkins-Kenedy tests were positive, manual muscle testing revealed 4/5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation, Range Of Motion restricted due to pain and spasm; diagnoses include right shoulder derangement, right shoulder impingement syndrome and right shoulder rotator cuff strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Chiropractic Therapy: Upheld

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

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

Decision rationale: According to the medical records, this patient shoulder injury was best diagnosed as right shoulder derangement, right shoulder impingement syndrome and right shoulder rotator cuff strain. While ACOEM guideline only recommend chiropractic treatment for frozen shoulder, the request for chiropractic treatment is therefore, NOT medically necessary.