

Case Number:	CM13-0046124		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2012
Decision Date:	03/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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:

This 69-year-old male sustained work-related injury on 7/27/12. He reported complaints of pain in his left shoulder radiating to his left hand and up to his neck. He had an MRI of the left shoulder that showed partial-thickness tear for the rotator cuff tendon for which he had surgery on 1/23/13. He then was treated with several visits of postoperative physical therapy. He had x-rays of the left shoulder on 6/16/13 which showed no evidence of acute fracture or osseous abnormality, and only minimal degenerative joint disease of the AC joint. A note dated 6/11/13 indicates that he presented with neck pain radiating towards his left shoulder and severe pain in the AC joint and deltoid/biceps tendons. On left shoulder exam, there was tenderness to palpation along the AC joint, biceps tendon, supraspinatus deltoid, and rotator cuff. Impingement testing was unable to perform due to decreased mobility. There was frozen left shoulder. The scars on his left shoulder were well-healed and he had a limited range of motion with pain. He was diagnosed with frozen left shoulder and was treated with ten more visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment three times a week for four weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: This gentleman suffers from chronic left shoulder pain associated with radicular symptoms. He was diagnosed with frozen shoulder and has limitation in range of motion. The California MTUS guidelines recommend chiropractic treatment for chronic pain if caused by musculoskeletal conditions; however, the provider request for chiropractic care three times a week for four weeks exceeds the guideline recommendations. As per the guidelines criteria, two week trial should take place in which the patient has 1-2 treatments per week. After that, treatment can continue once a week for the next six weeks. Since the request exceeds guideline recommendations, the request is noncertified.