

Case Number:	CM13-0050414		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2011
Decision Date:	08/13/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Chiropractics 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 62 year old female patient with chronic right shoulder pain, date of injury 10/25/2011. Previous treatments include physical therapy, acupuncture, medications, injections, topical pain cream, chiropractic and surgery. Progress report dated 09/09/2013 by the treating doctor revealed complaints of right shoulder pain, 7-8/10 with upper back pain. Her left shoulder pain started to aggravate with activities. She also complains of stress. Right shoulder exam shows no changes and continues tenderness to palpation, there is a well-healed surgical scar over the right shoulder. Diagnoses include right shoulder rotator cuff tear, status post right shoulder rotator cuff surgery. The patient returned to modified work on 09/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 2X WK FOR 4 WEEKS FOR RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 6, page 114.

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

Decision rationale: While California MTUS guidelines do not address chiropractic treatment for chronic shoulder pain, ACOEM guidelines suggest manipulation as effective for patients with frozen shoulders and the period of treatment limited to a few weeks. Given the patient conditions of rotator cuff tear, post-operative status from 07/2012 with extensive post-operative physical therapy. The request for chiropractic therapy 2x a week for 4 weeks is not medically necessary.