MAXIMUS Federal Services

Case Number:	CM14-0019860		
Date Assigned:	04/28/2014	Date of Injury:	01/24/2013
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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:

Patient is a 61 year old male who sustained an injury to his right shoulder on 1/24/2013 as a result of a slip and fall onto the right shoulder. The patient is status post rotator cuff surgery (completer tear). The subjective complaints per the specialty physician's report is right shoulder pain. The patient has undergone a right shoulder massive rotator cuff repair with extensive debridement of type I SLAP tear repair. Patient has been treated with medications, physical therapy, home exercises, cortisone injection, and surgery and chiropractic care, per the records provided. The diagnoses assigned by the PTP are right shoulder rotator cuff tear, right shoulder subacromial bursitis, right shoulder subacromial impingement, right shoulder symptomatic acromioclavicular joint DJD and status post-previous surgical procedure. MRI of the right shoulder has shown a full thickness tear of the supraspinatus tendon and mild AC joint degeneration. The PTP is requesting an additional 12 chiropractic sessions to the right shoulder, post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Chiropractic Section.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a chronic case with a date of injury 1/24/2013. The patient has undergone a complete rotator cuff tear repair for the right shoulder. He has not received chiropractic care for this injury. The MTUS ODG Shoulder Chapter recommends a trial of chiropractic care for the shoulder. MTUS Post-Surgical Treatment Guidelines recommends 40 visits of post-operative manipulation over 16 weeks for a complete rotator cuff tear. The PTP is requesting a trial of 12 chiropractic sessions. I find the 12 chiropractic sessions to the right shoulder to be medically necessary and appropriate.