

Case Number:	CM14-0172149		
Date Assigned:	10/23/2014	Date of Injury:	12/13/2013
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Board Certified in Orthopedic Surgery 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 injured worker is a 43-year-old male who has submitted a claim for left shoulder status post subacromial decompression and distal clavicle resection arthroplasty associated with an industrial injury of 12/13/2013. Medical records from 2014 were reviewed. Injured worker complained of left shoulder pain aggravated by movement. Physical examination of the left shoulder showed positive impingement sign, 4+/5 strength, no gross instability, and intact neurovascular exam. Treatment to date has included left shoulder subacromial decompression and distal clavicle resection arthroplasty on 4/29/2014, post-operative physical therapy, cortisone injection, home exercise program, and medications. The utilization review from 9/9/2014 denied the request for Associated Surgical Service: Post-op chiropractic evaluation and treatment 2 x 3 because there was no evidence of failure of current physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-Op Chiropractic Evaluation and Treatment 2 x 3:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, "several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions." There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, injured worker underwent left shoulder subacromial decompression and distal clavicle resection arthroplasty on 4/29/2014. He completed a course of post-operative physical therapy. However, he had persistent left shoulder pain aggravated by movement. Physical examination of the left shoulder showed positive impingement sign, 4+/5 strength, no gross instability, and intact neurovascular exam. Manipulation may be a reasonable treatment option. Guideline criteria were met. Therefore, the request for Associated Surgical Service: Post-Op Chiropractic Evaluation and Treatment 2 x 3 is medically necessary.