

Case Number:	CM14-0031622		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2013
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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:

According to the available medical records, this is a 47 years old male patient with right shoulder injury, dated 04/24/2013. Previous treatments include medications, right shoulder open rotator cuff repair surgery on 06/30/2013, physical therapy and home exercise program. Progress report dated 02/20/2014 by the treating doctor revealed right shoulder pain 5/10 and right elbow pain 2-3/10. Right shoulder ROM noted and 180, flexion 140, external and internal rotation 45. Diagnoses include right shoulder ope rotator cuff repair and right elbow pain. Treatment plan include chiropractic, medication (Norco), home exercise. Patient is temporary totally disabled for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xWk x 6 Wks Right Shoulder: Upheld

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

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

Decision rationale: While CA MTUS guidelines do not address shoulder manipulation for post surgical treatment, ACOEM guidelines only recommend manipulation as effective for patients

with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time. Reviewed of the available medical records do not show patient with frozen shoulder. The patient has completed postsurgical physical therapy treatments and is having a home exercise program to help with his pain. The request for chiropractic 3x a week for 6 weeks is not medically necessary.