

Case Number:	CM14-0065009		
Date Assigned:	07/11/2014	Date of Injury:	07/23/2010
Decision Date:	08/13/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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 Chiropractor 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 40 year old female patient with chronic right shoulder pain, date of injury 07/23/2010. Previous treatments include medications, injections, chiropractic, physical therapy, home exercise program. Progress report dated 03/24/2014 by the treating doctor revealed right shoulder and right elbow pain. She cannot rise any higher than her shoulder height. There is no full extension. There is very little ROM in the other directions as well. She cannot reach behind her back. She cannot pronate. External and internal rotations of the right wrist causes a great deal of pain. She has pain up from the right hand all the way up into the right shoulder and in the neck. She states that her right shoulder is extremely terrible. She had an MRI done of the right shoulder and it looks like she possibly has a rotator cuff tear or a SLAP lesion. The whole right side of her neck seems to be tight and deferred pain all the time. Diagnoses include right shoulder impingement syndrome, right lateral epicondylitis, right hand sp/st, right cubital syndrome, chronic right wrist strain and right carpal tunnel syndrome. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic-Physio Rehabilitation 3xWk x 6 Wks for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-203.

Decision rationale: CA MTUS guidelines do not address chiropractic treatments for chronic shoulder injury. ACOEM guideline do suggest chiropractic manipulation as effective for patient with frozen shoulders and the period of treatment is limited to a few weeks. This patient is having chronic shoulder impingement syndrome with possible rotator cuffs tear and had been treated with physical therapy without evidences of functional improvement. Therefore, the request for Chiropractic-Physio Rehabilitaion 3x a week for 6 weeks is not medically necessary.