

<b>Case Number:</b>	CM14-0206752		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Chiropractor (DC) 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:

The patient is a 33 year old male who injured his knees, lower back, neck and right shoulder on 3/28/2012 while using a pick to dig a trench. The patient is status post-surgical for his right shoulder (arthroscopic subacromial decompression). Per the PTP's progress report the "patient report 8/10 right shoulder pain." For his shoulder the patient has been treated with medications, physical therapy, injections, chiropractic care and surgery for his right shoulder. The Diagnoses assigned by the PTP is status post right shoulder arthroscopic subacromial decompression. Diagnostic imaging studies of the right shoulder are not found in the records provided. The PTP is requesting an 12 sessions of chiropractic care sessions to the right shoulder status post-surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment for the Right Shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This is a chronic post-surgical case. The MTUS Post-Surgical Treatment Guidelines for physical medicine recommends 24 visits of post-surgical physical medicine treatment over 14 weeks for subacromial decompression surgery. Chiropractic care falls under

this category. The PTP has described Improvements with past treatment with objective functional measurements listed and present with prior care. The records provided by the primary treating physician shows that the patient has not exceeded the 24 visits cap. The request for 12 chiropractic treatment sessions for the right shoulder post-operative is medically necessary and appropriate.