

Case Number:	CM15-0183785		
Date Assigned:	09/24/2015	Date of Injury:	05/02/2012
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 injured worker is a 59 year old male, who sustained an industrial injury on 5-02-2012. The injured worker is being treated for right shoulder sprain-strain, right shoulder impingement, right shoulder osteoarthritis, right shoulder tendinosis, right shoulder labral tear, right shoulder effusions, and status post right shoulder arthroscopy with cervical radiculitis. Treatment to date has included surgical intervention, medications, physical therapy, chiropractic and home exercise. Per the Primary Treating Physician's Progress Report dated 5-20-2015, the injured worker presented for reevaluation. He reported right shoulder pain rated as 4 out of 10. The pain decreases with medication and rest. Objective findings of the right shoulder included generalized tenderness to palpation. The notes from the doctor do not document efficacy of the current treatment. Work status was total temporary disability. The plan of care included range of motion and muscle testing and chiropractic physiotherapy. On 9-02-2015, Utilization Review modified the request for 8 chiropractic visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the right shoulder - 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the shoulder is not recommended. The patient has had post-operative physiotherapy for this shoulder and apparently has had good results to a point which has not obtained full ROM. The doctor has requested Chiropractic for the right shoulder for 8 visits. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.