

Case Number:	CM15-0039640		
Date Assigned:	03/10/2015	Date of Injury:	02/27/2014
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/04/2015

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 35 year old male, who sustained a work/industrial injury on 2/27/14. He has reported initial symptoms of mild to moderate burning pain in right shoulder with popping and elbow. The injured worker was diagnosed as having full thickness supraspinatus tear of right shoulder and asymptomatic acromioclavicular arthritis of right shoulder, Treatments to date included home exercise program, medications (Norco, injection, surgery, arthroscopy of shoulder with repair of tear and decompression of subacromial space), and physical therapy. The treating physician's report (PR-2) from 1/20/15 indicated the injured worker reported the range of motion and pain to the right shoulder has worsened since last visit. Naproxen was taken for pain relief and helpful. The arthroscopic scar was well healed. Active Range of Motion (AROM) was 100 degrees in abduction and elevation, external and internal rotation was decreased compared to the left. Diagnosis was adhesive capsulitis. Treatment plan was to have Chiropractic sessions (12) to break up the scar tissue in the glenohumeral joint. Home Exercise Program (HEP), medications, modify duty, and follow up was also ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, there is no recommendation for chiropractic manipulation to the shoulder. The doctor is requesting 12 chiropractic manipulations to the right shoulder for an unspecified period of time. This request is not according to the above guidelines and is therefore not medically necessary. On page 26 of 9792.20 section, postsurgical guidelines are given for the shoulder for physical medicine for up to 6 months after surgery.