

Case Number:	CM15-0087528		
Date Assigned:	05/11/2015	Date of Injury:	10/28/2014
Decision Date:	06/12/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 62 year old male who sustained an industrial injury on October 28, 2014. He has reported injury to the right shoulder and has been diagnosed with right shoulder rotator cuff tear, biceps tendinosis, degenerative superior labrum anterior and posterior lesion, and subacromial impingement. Treatment has included medications, medical imaging, physical therapy, and a home exercise program. Physical examination noted a positive supraspinatus test and a positive infraspinatus test. There was a negative subscapularis test and a positive Speed test. There was pain with O'Brien testing in supination and pronation, and a negative apprehension test. The treatment request included chiropractic care for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprains and strains of shoulder and upper arm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and

Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation.

Decision rationale: The UR determination of 4/7/15 denied the request for an initial trial of Chiropractic care to manage residuals shoulder deficits citing CAMTUS Chronic Treatment Guidelines. The documentation of injury and subsequent care leaving the patient with moderate residuals was reviewed supporting initiation of a trial of care with Chiropractic. The denial of requested Chiropractic care to the shoulder, 12 sessions is not medically reasonable or supported by referenced CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.