

Case Number:	CM14-0214356		
Date Assigned:	12/30/2014	Date of Injury:	06/22/2009
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 54 year old female who sustained an injury to her right shoulder on 06/22/2009 as a result of performing her usual and customary duties as an airline employee. The patient is status right shoulder surgery (rotator cuff repair). The subjective complaint reported per treating physician's first report are as follows: "Flare-up right shoulder. Patient c/o pain with soreness with limited ROM. Ache inside of her shoulder." The patient has been treated with medications, surgery and chiropractic care. The diagnoses assigned by the PTP are right shoulder status post rotator cuff repair with debridement and right shoulder rotator cuff tear. A post-op MRI study has been requested but denied. There are no other diagnostic imaging studies in the records provided. The PTP is requesting 12 additional sessions of chiropractic services with modalities to the right shoulder status post-surgical. The UR department has modified the request and authorized 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with modalities 2 times 6 for right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder, Chiropractic guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a chronic post-surgical case. The number of post-surgical physical medicine treatment sessions to date are not found in the records provided for review. The MTUS Post-Surgical Treatment Guidelines states that for shoulder rotator cuff repair with debridement recommends 24 visits of physical medicine treatments over 14 weeks. Given that the number of post-surgical treatments has not been indicated, the 12 chiropractic services with modalities requested to the right shoulder are medically necessary and appropriate.