

Case Number:	CM14-0079278		
Date Assigned:	07/18/2014	Date of Injury:	05/30/2013
Decision Date:	05/11/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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:

The injured worker is a 30 year old female, who sustained an industrial injury on May 30, 2013. She reported injury to her cervical spine, lumbar spine, right shoulder, right hip, right knee and left ankle/foot. The injured worker was diagnosed as having acute cervical strain rule out disc herniation, right shoulder rotator cuff strain and subacromial impingement rule out rotator cuff tear and left ankle grade III sprain with anterior talofibular ligament and deltoid tear. Treatment to date has included diagnostic studies, crutches, physical therapy, surgery for the ankle and medications. On March 5, 2014, the injured worker complained of neck pain rated as a 7 on a 1-10 pain scale that is constant and worsening. She complained of constant and worsening right shoulder pain as well as left ankle pain rated as a 5/10 on the pain scale. Physical examination of the right shoulder revealed full range of motion. There was tenderness over the acromioclavicular joint. Strength was 4/5 on flexion and abduction. The treatment plan included bilateral orthotics, Kera-tek gel and medications. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy for the right shoulder, additional 2 times a week for 4 weeks as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

Decision rationale: The patient suffers from a chronic right shoulder injury and has not received any prior chiropractic care, per the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Shoulder Chapters recommend a trial of chiropractic care for the shoulder, 9 sessions over 8 weeks. Since this is a trial of chiropractic care with no evidence of prior chiropractic care provided, I find the 8 chiropractic sessions to the right shoulder to be medically necessary and appropriate.