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| Case Number: | CM15-0119852 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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

CLINICAL CASE SUMMARY

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

This 62 year old male sustained an industrial injury on 6/20/14. He subsequently reported right shoulder pain. Diagnoses include left shoulder status post rotator cuff repair. Treatments to date include MRI and x-ray testing, shoulder surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there is mild tenderness over the anterior shoulder at the end range of motion. Right shoulder range of motion is somewhat diminished. A request for Chiro 2 visits x 3 weeks Right Shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 visits x 3 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The claimant presented with chronic right shoulder pain despite previous treatments with medications, injections, surgery, and physical therapy. The claimant status is post rotator cuff repair. While evidences based MTUS guidelines do not address chiropractic manipulation for the shoulder. ODG might recommend up to 9 visits of shoulder manipulation if there are evidences of objective functional improvement in 2-3 visits. The request for 6 visits, without signs of objective functional improvement, exceeded the guidelines recommendation. Therefore, it is not medically necessary.