

Case Number:	CM15-0075653		
Date Assigned:	04/27/2015	Date of Injury:	12/13/2013
Decision Date:	05/27/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 57 year old male, who sustained an industrial injury on December 13, 2013. The injured worker has been treated for left shoulder and left thumb complaints. The diagnoses have included left shoulder pain, left biceps sprain/strain, clinical flexor tendonitis, triggering of the left thumb, acromioclavicular separation of the left shoulder and bilateral carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electro diagnostic studies, physical therapy, acupuncture therapy, chiropractic care and multiple left shoulder surgeries. Current documentation dated April 6, 2015 notes that the injured worker reported left shoulder pain which radiated down the left arm to the wrist. He also noted worsening left thumb pain which radiated up to the left shoulder, anxiety, depression and insomnia. Examination of the left shoulder and left upper extremity revealed atrophy of the deltoid muscle and tenderness to palpation of the entire shoulder. There was also tenderness with spasms of the left upper trapezius muscle. Range of motion was noted to be limited due to pain. Examination of the left hand revealed tenderness to palpation and triggering of the left thumb. The treating physician's plan of care included a request for chiropractic treatment to the left shoulder 12 session post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 12 sessions to the left shoulder, 2x6.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Shoulder Chapter.

Decision rationale: Per the records provided for review the patient underwent arthroscopic surgery and rotator cuff repair for the left shoulder. The patient has also completed 12 sessions of post-surgical chiropractic care. The MTUS Post-surgical Treatment Guidelines recommend 40 sessions of physical medicine treatments over 16 weeks for rotator cuff repair. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. Since the patient has completed 12 sessions of post-surgical physical medicine treatments he still has 28 sessions available to use. I find that the 12 additional post-surgical chiropractic sessions to left shoulder to be medically necessary and appropriate.