

Case Number:	CM15-0076529		
Date Assigned:	04/28/2015	Date of Injury:	05/02/2011
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
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, Minnesota
 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:

The injured worker (IW) is a 48 year old male who sustained an industrial injury on 05/02/2011. He reported pain in his right shoulder region. The injured worker was diagnosed as having right shoulder sprain/strain; rule out right shoulder internal derangement; right adhesive capsulitis; status post right shoulder surgery with residual degrees of motion and weakness; right shoulder surgery 2011 with residual degrees of motion and weakness; right shoulder tendinosis; and right shoulder acromioclavicular arthritis. Treatment to date has included right shoulder surgery and prior chiropractic therapy of unknown duration that the worker states help decrease his pain and tenderness. The worker indicates his function and activities of daily living have improved with chiropractic therapy. There is no accompanying record of the chiropractic visits, the number of visits, the duration of the visits, or the worker's condition before and after the visits. Currently, the injured worker complains of pain in the right shoulder. On a scale of 0-10, the worker rates his pain as a 2/10. At the last visit, his pain was rated a 5/10. Chiropractic sessions 2 x a week for 6 weeks to the right shoulder are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2 times a week for 6 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2
General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-
9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic pain Guidelines above, manipulation of the shoulder is not recommended. It is not clear how much chiropractic treatment the patient has received for this recent flare-up or previously. The doctor has requested Chiropractic sessions 2 times per week for 6 weeks to the right shoulder or 12 visits. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.