

Case Number:	CM13-0018085		
Date Assigned:	01/15/2014	Date of Injury:	12/29/2011
Decision Date:	05/19/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who sustained an injury to her left shoulder on December 29, 2011. The patient is status post surgery for the left shoulder. The patient has complaints of left shoulder pain with left middle finger pain. The patients diagnoses include left shoulder rotator cuff tear, biceps tendonitis and superior labral tear from anterior to posterior (SLAP) tear. The patient has undergone a left shoulder subacromial decompression, Mumford procedure with extensive debridement of type I SLAP tear repair (90% biceps tendon tear). The patient has been treated with medications, physical therapy, cortisone injection, surgery and chiropractic care, per the records provided. An MRI of the left shoulder has shown a partial rotator cuff tear, glenoid labrum SLAP tear and acromioclavicular (AC) joint impingement. The primary treating physician is requesting an additional four (4) chiropractic sessions to the left shoulder, post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE CHIROPRACTIC CARE, ONCE A WEEK FOR FOUR (4) WEEKS, FOR THE LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines, 24 visits of post-operative manipulation over 14 weeks are recommended. Additional session can be determined medically necessary with documentation of functional improvement, as defined by the MTUS, during the initial course of therapy. The patient has completed 18 sessions of post-operative chiropractic care with objective improvement. There has been improvement in range of motion and a reduction of pain. Therefore, the additional four (4) chiropractic treatments, to the left shoulder, are medically necessary and appropriate.