

<b>Case Number:</b>	CM13-0020632		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 49 year old male who sustained an injury to her right shoulder while worker as a recycling sorter on 7/1/2009. While working on an assembly line she picked up a heavy metal piece as it was slipping of the line. Her glove was stuck under the heavy piece of metal pulling her arm away from her body downward. The injured worker was on modified for 2 weeks and TTD since. On 8/14/2009 an MRi of the right shoulder revealed supraspinatus tendonitis with no evidence of a rotator tear. Acromialclavicular degenerative joint disease. Two prior surgeries with no improvement, rotator cuff, Subacromial decompression with Mumford and clavaical resection 2010, AC joint resection, bicep tendon release 2011. On 11/16/2011 MRI of the right shoulder revealed post surgical findings with a mild thinning and attenuation of the distal supraspinatus tendon. On 9/10/2012 EMG was performed and revealed active cervical radiculitis involving C5-C6 nerve roots. The NCV was normal. On 3/8/2013 an MRI of the cervical spine revealed, a disc bulge at C4-C5 measuring 1 mm, broad-based central disc protrusion at C5-C6 measuring 1-2 mm. On 5/3/2013 a cervical epidural injection was performed. Medical doctor is requesting chiropractic treatments 2 times per week for 4 weeks or 8 treatments to the right shoulder. The patient has received treatment of physical therapy, chiropractic care, medications, and home exercises. There has been no documented amount of chiropractic care and results between 2/2012 through 8/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 203

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Page(s): 26.

**Decision rationale:** According to the Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The Chronic Pain Medical Treatment Guidelines recommend post surgical treatment for adhesive capsulitis of 24 visits over 14 weeks, post surgical physical medicine treatment: 6 months. The period for treatment post surgically is 6 months and has been exceeded. There is no documented objective measurable gains in functional improvement and/or the amount of treatment received between 2/2013 and 8/2013 has not been documented. Therefore additional chiropractic treatment is not medically necessary.