

<b>Case Number:</b>	CM13-0034187		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 licensed in Chiropractic 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:

Injured worker is a 47 year old male janitor. Date of injury 10/17/2011, which occurred when he slipped on some cardboard on a dock and fell off the dock landing with his arms stretched out. He broke and dislocated his right elbow and injured his shoulder on right side. He was treated initially with surgery to the right elbow 10/18/2011 and then follow up surgery to the right shoulder 5/21/2012. He had physical therapy post elbow surgery and then again following his shoulder surgery, exact number of visits is unknown but greater than 12. He was released from care in November 2012 . He then sought care with a chiropractor on 4/12/2013, who submitted an initial evaluation and request for authorization for care. UR of 5/1/2013 was for a request of acupuncture, chiropractic, physical therapy, Magnetic Resonance Imaging (MRI) right shoulder, MRI right elbow, electromyogram (EMG) /NCV upper extremities, this care was certified for acupuncture, non certified chiropractic as it is 1 year 7 months post injury, expected home exercise program to be in place, also that objective and functional benefits have not been outlined, MRI's were non certified due to no red flags, EMG/NCV was non certified due to no neurological findings. Nerve study was performed on 5/7/2013 which revealed bilateral median neuropathy at wrist consistent with carpal tunnel, mild to moderate on left and mild on right. MRI thoracic spine was performed on 5/7/2013, which revealed some straightening. MRI cervical was performed on 5/7/2013 which revealed C2-3 and C3-4 grade 1 spondylolisthesis with 2mm disc bulge and anterior osteophytes. MRI of right shoulder on 5/7/2013 revealed large amount of fluid in glenohumeral joint space, post status fixation of humeral head and tendonitis of the rotator cuff with a large tear. MRI right elbow on 5/31/2013, finding consistent with osteoarthritic change but other findings were limited due to artifact. There was also a sleep study and evaluation performed on

## IMR ISSUES, DECISIONS AND RATIONALES

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

**continued Chiropractic Manipulation With Chirophysiotherapy Modalities for right shoulder 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presented to the chiropractor in April 2013 after prior surgery to the right elbow, October 2011, and right shoulder, May 2012, and post surgical physical therapy to both the elbow and shoulder separately. Chiropractor started care and treatment and got additional testing and consults performed on the patient. There was a request for continue chiropractic care in a report by the chiropractor on 8/21/2013 for visits at 2 times a week for 6 weeks. This was denied by UR and thus a request for IMR was initiated. This care to the right shoulder / elbow is 1 year 7 months post initial injury and 11 months post the last surgery, right shoulder. The CA MTUS is silent on shoulder for manual and manipulative therapy, but ACOEM does allow manipulative therapy for frozen shoulders for a few weeks, but in this case the patient does not have frozen shoulder and it is past the few weeks mark. Post surgical guidelines for shoulder allows physical medicine therapy in a window of 6 months post surgical. In this case the patient is way past that window. ODG guidelines for chiropractic care is to allow 9 visits over 8 week with a decreasing frequency and active self care exercises. In this case, the UR pointed out that there has been 43 visits with the chiropractor and his therapy services. In reviewing the records, there is no documentation that the patient has improved functionally or objectively since initiating care with the chiropractic services. The request for additional chiropractic and chiro physiotherapy at 2 times a week for 6 weeks is not medically necessary.