

<b>Case Number:</b>	CM13-0040811		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Acupuncture 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 35-year-old male with a date of injury of 7/5/2013. According to the primary treating physician follow up report dated 9/10/2013, the patient complained of sharp pain in the left shoulder which is constant and severe with radiation into the left hand. Significant objective findings include positive impingement sign on the left, decreased range of motion in the left shoulder with pain noted, motor strength 4/5 on the left upper extremity. The patient was diagnosed with left shoulder supraspinatus tendon partial tear, shoulder derangement, and shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy two times a week for four weeks, Left Shoulder, Quantity: 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated, Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Manipulation

**Decision rationale:** The MTUS guidelines do not address the frequency of manipulation for shoulder injuries. The Official Disability Guidelines (ODG) do recommend the utilization of manipulative procedures of the shoulder, it stated that it is not advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The ODG Chiropractic guidelines allow for fading of treatment frequency from up to 3 times a week to 1 or less plus active self-directed home therapy. The guideline recommends 9 visits over 8 weeks. The provider failed to document any objective progress towards functional restoration. There was minimal change in the range of motion in the left shoulder. In addition, according to the progress report dated 10/10/2013, the patient continued to have persistent left shoulder pain and was noted that it was getting worse. Based on the above discussion, the provider's request for 8 additional chiropractic visits is not medically necessary at this time.