

<b>Case Number:</b>	CM13-0061167		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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:

This case involves a 50 year old woman who was injured on the job on 10/3/11. She was in the process of cleaning a bathtub when she slipped on some shampoo and fell. She injured her right shoulder in the fall and was diagnosed with a shoulder injury and rotator cuff sprain. An MRI obtained in May 2012 indicated there actually was a full-thickness tear of the anterior portion of the supraspinatus, which was subsequently surgically repaired. She continued to have pain on movement of the shoulder and was seen by a medical provider on 10/31/13. It was noted that the patient had received 6 physical therapy sessions, but no chiropractic treatments to date. Additional treatment was recommended on 6/19/13. The patient related that she had a similar injury in October 2009 and had successfully completed a course of physical therapy. The request is for 24 additional chiropractic treatments for the right shoulder, with sessions scheduled for 3 times per week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY FOR THE RIGHT SHOULDER (24 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation.

**Decision rationale:** The California MTUS guidelines state that chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. In this case, the request for 24 sessions is in excess of the initial trial of sessions recommended by the guidelines. Therefore, the requested 24 sessions of chiropractic therapy are not medically necessary at this time.