

<b>Case Number:</b>	CM14-0004062		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 is a 59-year-old female with a 10/3/11 date of injury to her neck and shoulder while cleaning a bathtub. She is status post right rotator cuff repair and distal clavicle resection in May 2012 with post operative physical therapy. The patient had nine chiropractic sessions approved to the right shoulder and cervical spine on 11/21/13 (although 24 were originally requested), for persistent myofascial pain and impingement despite surgery. The patient was seen on 12/12/13, when it was noted that she had difficulty with the first 3 sessions but did have gradual improvement. Exam findings revealed painful shoulder flexion. The patient had a Qualified medical evaluator (QME) on 1/28/14 with complaints of right shoulder pain 3-7/10. She is noted to be working. Exam findings revealed weakness in the right supraspinatus and deltoid muscles with decreased range of active motion. Notes from her chiropractic treatment were not made available to the medical examiner. A utilization review decision date 12/31/13 denied this request given the documentation states that the patient's chiropractic therapy had not helped to a significant degree and no functionality improvement was outlined, it was only documented as gradual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NINE CHIROPRACTIC SESSIONS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

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

**Decision rationale:** The CA MTUS does not specifically address shoulder manipulation. This patient had nine chiropractic sessions, which included spine and shoulder manipulation. The patient noted some improvement but the chiropractic notes themselves were not available for review. The Official Disability Guidelines (ODG) states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. In addition, objective gains with regard to functional improvements of the shoulder from the patient's original nine chiropractic sessions is unclear. Therefore, the request for is not medically necessary.