

<b>Case Number:</b>	CM14-0015644		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; 24 sessions of chiropractic manipulative therapy in 2013, per the claims administrator; a cervical pillow; earlier shoulder surgery; and work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for 12 sessions of manipulative therapy, citing non-MTUS Guidelines in its rationale. Somewhat incongruously, however, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM were referenced to the bottom of the report as the cited guidelines but were not found anywhere in the rationale or body of the report. In a September 25, 2013 progress note, the applicant was described as reporting persistent neck and shoulder pain. The applicant was still having difficulty with activities of daily living. The applicant's shoulder range of motion was limited with flexion to 110 degrees; however, the attending provider maintained that the applicant had improved with earlier chiropractic manipulative therapy. Another 12-session course of manipulative treatment was sought. The applicant did not appear to be working with restrictions in place. It was stated that the applicant should also consider work hardening. In a handwritten note of November 20, 2013, the attending provider again sought authorization for additional physical therapy for the applicant's reportedly frozen left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2 X WEEK X 6 WEEKS (12) TO LEFT 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, MANUAL THERAPY & MANIPULATION, 58-59

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically address the topic of manipulation for the shoulder, the body part in question here. The MTUS-adopted ACOEM Guidelines in Chapter 9 are therefore applicable and note, on page 203 that the period of treatment during which manipulation for frozen shoulders is effective is generally limited to a few weeks as results decrease with time. In this case, the applicant has had 24 earlier sessions of chiropractic manipulative therapy for frozen shoulder. The applicant has seemingly reached a plateau in terms of the functional improvement measures established in MTUS 9792.20f. The applicant's work restrictions remain in place, unchanged, from visit to visit. The applicant continues to use analgesic medications. The applicant's range of motion has seemingly plateaued. Continued manipulative treatment is not medically necessary for all of the stated reasons.