

<b>Case Number:</b>	CM14-0015955		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/22/2014
<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 licensed in Chiropractic 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:

According to the available medical records, this is a 47 year old female patient with chronic right shoulder pain, date of injury 08/24/2011. Previous treatments include medications, chiropractic, arthroscopy and rotator cuff repair, physical therapy. Orthopedic evaluation report dated 01/10/2014 by the treating doctor revealed significant improvement of the patient symptoms. She has responded very well to the chiropractic treatment. She still had a mild dull throbbing pain that increases with repetitive activities and with lifting, pushing or pulling. She rated her pain level as 2-3/10. Examination of the right shoulder revealed well-preserved anatomical alignment of the shoulder. There is minimal tenderness to palpation. Shoulder ROM is unrestricted in all planes. Rotator cuff strength is 4+/5. Impression: right shoulder rotator cuff tear, AC joint arthrosis and Impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT TO RIGHT SHOULDER 1 X 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS guidelines do not address chiropractic treatment for chronic shoulder pain. ACOEM guidelines only suggest chiropractic manipulation as effective for patients with frozen shoulders and that the period of treatment is limited to a few weeks, because results decrease with time. Therefore, the request for additional chiropractic treatment to the right shoulder 1x6 is not medically necessary.