

<b>Case Number:</b>	CM14-0128909		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine & Rehabilitation 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 60-year-old male with a 3/30/09 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/18/14, the patient complained of right shoulder pain. He was limited with his shoulder mobility. He had difficulties with his usual ADLs including reaching, combing, showering, and lifting. He rated his pain as 9/10. Objective findings: limited right shoulder ROM, right rotator cuff tenderness with crepitus, swelling, and impingement syndrome. Diagnostic impression: right rotator cuff tear. Treatment to date: activity modification. A UR decision dated 7/29/14 modified the request for 8 sessions of chiropractic, physiotherapy, myofascial release, ultrasound, cold laser, work conditioning to 3 sessions. ODG states that manipulation is allowed in shoulder sprain/strain for up to 9 visits following an initial successful 2 to 3 visit trial with documented functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, physiotherapy, myofascial release, ultrasound, cold laser, work conditioning**  
**QTY: 8.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, page 203 Official Disability Guidelines, Pain Chapter-Treatment for

Worker's Compensation, Online version, Shoulder (Acute & Chronic) updated 4/25/14 Official Disability Guidelines, Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114 Official Disability Guidelines (ODG) Shoulder Chapter

**Decision rationale:** This is a 60-year-old male with a 3/30/09 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/18/14, the patient complained of right shoulder pain. He was limited with his shoulder mobility. He had difficulties with his usual activities of daily living (ADLs) including reaching, combing, showering, and lifting. He rated his pain as 9/10. Objective findings: limited right shoulder range of motion (ROM), right rotator cuff tenderness with crepitus, swelling, and impingement syndrome. Diagnostic impression: right rotator cuff tears. Treatment to date: activity modification. A UR decision dated 7/29/14 modified the request for 8 sessions of chiropractic, physiotherapy, myofascial release, ultrasound, cold laser, work conditioning to 3 sessions. Official Disability Guidelines (ODG) states that manipulation is allowed in shoulder sprain/strain for up to 9 visits following an initial successful 2 to 3 visit trial with documented functional improvement.