

<b>Case Number:</b>	CM14-0157162		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 50-year-old female with an 11/4/11 date of injury. According to a handwritten and largely illegible progress report dated 8/19/14m, the patient complained of continued pain in the left shoulder with painful range of motion and spasms. Objective findings: positive impingement sign, positive spasms of left shoulder. Diagnostic impression: left shoulder impingement. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 8/26/14 denied the request for chiropractic services. This request is not supported at this time as there is no current documentation noting this claimant has had significant functional improvement with the previous 23 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Services with Modalities and Exercises 2x6 of Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**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 - Manipulation

**Decision rationale:** CA MTUS does not address this issue. ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and 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. However, according to the UR decision dated 8/26/14, this patient has already completed 23 sessions of chiropractic treatment. Guidelines support up to 2-3 visits, and the previously completed number of visits clearly exceeds guideline recommendations. There is no documentation of functional improvement and no documentation regarding how additional treatment would benefit this patient. Therefore, the request for Chiropractic Services with Modalities and Exercises 2x6 of Left Shoulder is not medically necessary.