

<b>Case Number:</b>	CM14-0174546		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Orthopedic Surgeon and is licensed to practice in New York. 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 patient is a 53-year-old female with a date of injury of July 30, 2010. The patient had left shoulder surgery performed on September 10, 2014. She has not started physical therapy. Examination of the left shoulder show decreased range of motion. Examination neck shows positive compression and distraction test with muscle strength is 4/5. At issue is whether 12 sessions of chiropractic therapy and necessary for the left shoulder at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Twelve (12) Chiropractic therapy sessions for the left shouler:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

**Decision rationale:** MTUS guidelines state that chiropractic manipulation is recommended for chronic pain caused by a musculoskeletal condition. The guidelines indicate that is an option for low back pain but not recommended for pain in the ankle foot carpal tunnel forearm and/or knee.

There are no specific recommendations for the shoulder. However, chiropractic treatment beyond 6 visits should be documented with subjective improvement in function. The medical records indicate that the patient has not had any postoperative physical therapy yet. In addition the request for chiropractic therapy is excessive in 12 sessions. 12 sessions of chiropractic care exceeds recommended MTUS guidelines without documented functional improvement. Evidence base guidelines do not support 12 sessions of chiropractic care at this time.