

<b>Case Number:</b>	CM14-0185821		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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; has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 56 year old female who was injured on 5/18/09 while handing a student a back pack she was yanked hard causing her to fall injuring her shoulders especially the left side. She was diagnosed with left shoulder strain/sprain, adhesive capsulitis of the left shoulder. Prior treatment has consisted of medications, physical therapy, chiropractic care(mainly to the spine) and left shoulder MUA as well as subacromial decompression and distal clavicle excision on 9/30/10. The amount of care for chiropractic and physical therapy and how the patient responded to care in the past is not documented. According to a MD report dated 10/8/12, the left shoulder ROM is normal from the initial surgery on 9/30/10. It is not clear if this is a flare-up from the original injury and surgery. MRI's of the left shoulder were not found for review. The doctor is requesting chiropractic care 2x's per week for 4 weeks or 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care, left shoulder two times a week for four weeks, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** According to the MTUS Post-Surgical treatment guidelines, post surgical treatment for adhesive capsulitis is 24 visits over 14 weeks with a post-surgical physical medicine treatment period of 6 months. The surgery was on 9/30/10 which is over 4 years ago. Therefore the treatment is not medically necessary.