

<b>Case Number:</b>	CM14-0031558		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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 55 year old female patient with chronic shoulders pain, neck pain and headaches, date of injury is 12/01/2011. Previous treatments include medications, chiropractic, physical therapy, surgery on the right shoulder with post-op physical therapy, injections. Progress report dated 02/11/2014 by the treating doctor revealed patient continues to have soreness in the right shoulder, right lateral arm and right rhomboid pain. Exam revealed right trap spasm, ROM 140/140/45, some muscle weakness. Diagnoses include right shoulder rotator cuff tear, status post rotator cuff repair and cervical strain. Requested treatment plan include physical therapy 2x6 and chiropractic 2x6. The patient remained off work until next appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions (right shoulder, neck, lumbar) 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The patient is present with ongoing shoulders and neck pain that failed to response to conservative medical management such as medications, injections, and physical

therapies. There is no document of any recent flares up, subjective and objective complaints do not include the findings for cervical and lumbar spine; thus, there is very limited documentation of functional deficits. Furthermore, the request for 12 chiropractic visits exceeded MTUS guidelines recommendation for a trial of 6 visits over 2 weeks, with evidences of functional improvement, totaled up to 18 visits over 6 to 8 weeks. Therefore, this request is not medically necessary.