

<b>Case Number:</b>	CM14-0040417		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Board Certified 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:

The patient is a 60 year old female who was injured on 05/07/2012. The mechanism of injury is unknown. Prior treatment history has included injection to her right shoulder which was ineffective. Follow up note dated 02/21/2014 states the patient complained of right shoulder pain. She is using Terocin topical lotion for this pain. She rated her pain as a 7/10. On exam, she has full strength in upper extremities with normal sensation. Bilateral shoulder abduction and flexion is to 180 degrees with full internal and external rotation. She remains tender over the right biceps tendon and positive right impingement maneuver. Impression is right moderate to severe supraspinatus tendinosis, moderate subscapularis tendinosis, and SLAP tear and impingement, status post arthroscopic surgery 2013. She is being recommended for 8 sessions of chiro therapy. She was given a trial Menthoderm consisting of camphor and menthol. She declined subacromial injections. Prior utilization review dated 03/04/2014 states the request for chiropractic care x 8 was not certified as there are no objective findings revealing range of motion deficits and the patient has not been tried with this modality before.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Manipulation. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter. Official Disability Guidelines (ODG), Chiropractic Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic shoulder guidelines, manipulation.

**Decision rationale:** "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. Sprains and strains of the shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. 9 visits over 8 weeks." This request is for 8 chiropractic treatments. It is my recommendation that this care be not medically necessary for the following reasons: While the request conforms to the accepted ODG treatment guidelines for shoulder strain/sprains, based on the medical records provided the patient suffers with a labrum tear or at best chronic strain/sprain and these conditions generally do not respond well to treatment. For this reason, I'm recommend the treatment be requested for a short trial of 2-3 visits followed by a re-evaluated which documents objective functional capacity improvements. If no improvements are documented then treatment should be stopped; if on the other hand, the treatment is showing improvements in function continued care should be authorized. The records reviewed showed little documented objective findings or functional capacities, in the future I highly recommend documentation of functional capacity.