

<b>Case Number:</b>	CM14-0058478		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 34 year old female patient with chronic neck and shoulders pain, date of injury 09/11/2011. Previous treatments include medications, physical therapy, surgeries, chiropractic, acupuncture, and H-Wave unit. Per this progress report dated 03/27/2014 by the treating doctor revealed the patient continued to note chronic pain at her neck and throughout her upper extremities, with radicular symptoms radiating into the left upper extremity. Exam revealed diffuse tenderness to palpation throughout the bilateral upper extremities extending throughout the musculature, positive impingement signs bilaterally at the shoulders, diffuse tenderness noted about both shoulders, left worse than right, positive Adson's maneuver bilaterally, left worse than right, forward flexion and abduction in the left shoulder are limited to 110 degrees. The patient also has tenderness throughout the cervical spine, with tenderness and spasm noted throughout the bilateral cervical paraspinal regions extending into the bilateral trapezius. The patient had slightly reduced sensation to light touch in the left hand in the median and ulnar distributions. Diagnoses include left shoulder impingement syndrome, status post subacromial decompression and posterior capsular release, myofascial pain of the neck, upper back and upper extremities (r/o possible TOS syndrome), incidental findings suggestive of bilateral CTS and left cubital tunnel syndrome and pain related sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic left shoulder 2 x wk x 3 wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** While CA MTUS guidelines do not address chiropractic manipulation for chronic shoulder pain, ACOEM guidelines only recommended manipulations for frozen shoulder. The available medical records noted that the patient has left shoulder impingement syndrome post surgical decompressions. She also has had chiropractic treatments before with no evidence of objective functional improvements. Based on the guidelines cited above, the request for chiropractic manipulation to the left shoulder 2x a week for 3 weeks is not medically necessary.