

<b>Case Number:</b>	CM14-0067722		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

The injured worker is a 50-year old female with a date of injury on 04/19/2011. The chiropractor's initial report of 03/21/2014 indicates the patient presented for chiropractic care on 03/21/2014 with the complaint of 7/10 right shoulder pain. The chiropractor reported she had sustained a cumulative, injury to right shoulder. The chiropractic reported in March 2010, the patient began to experience pain in her right shoulder but did not report her injury until 2011. Prior to presentation for chiropractic care, she had been examined by x-ray and MRI, and treated with medications, ointments and received cortisone injections of the right shoulder with temporary relief. She had also treated with a course of physical therapy and acupuncture. She underwent right shoulder surgery on 08/15/2013. By examination, +3 tenderness to palpation was noted in the anterior, posterior and lateral shoulder; shoulder ranges of motion were noted as flexion 90/180, extension 20/50, abduction 90/180, adduction 20/40, internal rotation 35/80 and external rotation 30/90; and supraspinatus press caused pain. The patient was diagnosed with right shoulder impingement (726.2), right shoulder rotator cuff tendinosis (726.10) and status post right shoulder arthroscopy on 08/15/2013 (V45.89). The chiropractor recommended a treatment plan of 2-3 visits per week for 6 weeks with a re-evaluation and 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions, 2-3 times 6 for right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2004;203.,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/27/2014.

**Decision rationale:** The request for chiropractic treatment for the right shoulder at a frequency of 2-3 times per week for 6 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, ODG and ACOEM will be referenced regarding the request for chiropractic treatments to the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. 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 documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. ACOEM reports shoulder manipulation by a manual therapist has been described as effective for patients with frozen shoulders, but this patient has not been diagnosed with frozen shoulder; therefore, ACOEM does not recommend shoulder manipulation. There is no record this patient has experienced objective progress towards functional restoration with a 2-3 visit trial of chiropractic care. When supported, guidelines allow only a total of 9 visits of chiropractic care for the shoulder, yet there is a request for 2-3 visits per week for 6 weeks (up to 18 visits requested). The request for chiropractic care to the right shoulder exceeds ODG and ACOEM recommendations and is not supported to be medically necessary.