

<b>Case Number:</b>	CM14-0069422		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Services and is licensed to practice in Alabama and Texas. 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 male with a 12/20/11 recorded date of injury. The accident is described as one in which the patient was lifting and assembling a sofa back which resulted in left shoulder, wrist, and hand complaints. The most recent medical evaluation dated 3/26/14 notes the patient with continuing neck and left shoulder pain. The examination notes findings including: spasm and tenderness over the cervical spine; decreased range of motion; positive compression, distraction, and shoulder depressor tests; decreased reflexes; spasm and tenderness in shoulders; positive Codman's, Speed's, and Supraspinatus tests. The record describes the patient as scheduled for left shoulder surgery on 3-27-14. A 1-25-14 cervical MRI report notes findings of 1-2mm central disc protrusion at C4-5 which does not abut the cervical spinal cord. A 2-20-14 left shoulder MRI report notes findings including: complete tear of the supraspinatus tendon with 8 mm tendinous retraction, infraspinatus tendinitis, AC joint osteoarthritis. Request is noted for 12 post op physical medicine sessions to include procedures: E&M 99214, Range of motion measurement 98951, e-stim G0283, infrared 97026, manipulation 98941, traction 97140, and therapeutic activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic visits for the left shoulder with therapeutic activities, 3 visits a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

**Decision rationale:** MTUS Post surgical guidelines and ACOEM do not address post surgical physical medicine. According to the ODG physical therapy guidelines patients should be formally assessed after a "six-visit clinical trial, to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). ODG Guidelines does not recommend utilization of e-stim in the management of shoulder conditions. ODG Guidelines does not provided recommendation regarding utilization of infrared in the management of shoulder conditions. The code submitted for shoulder manipulation 98941 is utilized for spinal manipulation. The extraspinal manipulation code is 98943. As such, the request for 12 Chiropractic visits for the left shoulder with therapeutic activities, 3 visits a week for 4 weeks is not supported with the application of evidence based guidelines.