

<b>Case Number:</b>	CM14-0075832		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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, has a subspecialty in Chiropractic Sports 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 67year old female who was injured on 11/29/11 while on a plane she was unloading luggage onto a loading belt, she bent forward to grab & lift a bag which turned out to be heavier than expected. When she lifted the bag, she stumbled forward and struck the metal pole with her right shoulder. Then she grabbed the metal pole to keep from falling off of the plane. She immediately felt pain in the neck, upper back and right shoulder. She has received pre & post-surgical therapy of medications, epidurals, cortisone injections, physical therapy and chiropractic manipulation. She had right shoulder surgery on 1/29/14. The post-surgical diagnoses are 1)Chronic sub-acromial impingement syndrome, right shoulder, 2) DJD (Degenerative Joint Disease), severe right A-C joint, 3)Superior labrum degenerative type 1 SLAP (Superior Labral Anterior-Posterior) tear, 4) Bursal surface partial thickness supraspinatus and infraspinatus tendon tear. On 12/06/12 a MRI of the left shoulder confirmed the above diagnoses. In April of 2012 a MRI of the cervical was completed but the results were not found in the records. The doctor is requesting Chiropractic services, 2x4, then 1x4, post-operative with exercises, modalities, manipulation and myofascial release right shoulder. No exact amount of therapy pre and post-surgical right shoulder has been given as well as the objective measurable gains from the therapy have not been shown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services, twelve (12) sessions, post-operative with exercises, modalities, manipulation, and myo-fascial release right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&59.

**Decision rationale:** The post-surgical guidelines allow 24 visits over 14 weeks for post-surgical treatment. More visits cannot be approved if the previous amount of visits used to date is unknown. Also according to the MTUS Chronic Pain Guidelines there must be objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore, the request of Chiropractic services, twelve (12) sessions, post-operative with exercises, modalities, manipulation, and myofascial release right shoulder is not medically necessary and appropriate.