

<b>Case Number:</b>	CM14-0097332		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/18/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 48-year-old female was reportedly injured on November 18, 2012. The most recent progress note, dated August 4, 2014, indicated that there were ongoing complaints of right shoulder pain rated at 5/10 to 6/10. There was stated to be increased pain with activity. The physical examination demonstrated restricted range of motion. Diagnostic imaging studies of the right shoulder indicated a labral tear and a partial thickness tear of the supraspinatus and infraspinatus. A classic Buford complex was noted. Previous treatment included acupuncture, physical therapy, chiropractic care, and steroid injections for the shoulder. A request had been made for chiropractic treatment and was not certified in the pre-authorization process on June 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC - ODG Treatment Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic): Manipulation Therapy - (updated 08/27/14).

**Decision rationale:** California chronic pain medical treatment guidelines recommends chiropractic care for chronic pain of musculoskeletal conditions and treatment should be evaluated for efficacy after the first six visits. A review of the attached medical record indicates that the injured employee has had prior chiropractic treatment; however, the efficacy of this prior treatment is unknown. Considering this, the request for chiropractic care for the shoulder is not medically necessary.