

<b>Case Number:</b>	CM13-0011690		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 68 year old, male, who sustained a work related injury on 3/21/12. The diagnoses have included bilateral shoulder impingement syndrome, status post right shoulder surgery and shoulder pain. Treatments have included acupuncture without benefit, medications and right shoulder surgery. In the PR-2 dated 6/25/13, the injured worker states his right shoulder is better. There is tenderness to touch of anterior shoulders. The range of motion is decreased. There is positive impingement sign. The treatment plan is to request authorization of chiropractic treatments to left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 CHIROPRACTIC TREATMENT FOR THE LEFT LOW SHOULDER, 3 TIMES A WEEK FOR 4 WEEKS, AS AN OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, there is no recommendation for chiropractic manipulation of the shoulder. The doctor requests 12 chiropractic treatments for the left low shoulder, 3 times per week for 4 weeks, as an outpatient. This recommendation is not according to the above guidelines and is therefore not medically necessary. (According to the MTUS guidelines above in section 9792.20 on pages 26 &27, Postsurgical physical medicine is recommended for up to 6 months of therapy depending on the surgery.) Therefore, the request is not medically necessary.