

<b>Case Number:</b>	CM13-0061952		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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

Certification(s)/Specialty: Chiropractic

### 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 51 year old female, who sustained an industrial injury on 6/24/11. She has reported right shoulder, right knee and neck injury. The diagnoses have included right periscapular muscle pain/strain, possible thoracic outlet syndrome and right carpal tunnel syndrome. Treatment to date has included medications, conservative measures and physical therapy sessions. Currently, the injured worker complains of continued pain right shoulder and right anterior chest, which she notes as a pulling sensation. The pain has not decreased in over 2 years. There was a previous request for orthopedic consult, trigger point injections and physical therapy. The physical therapy seems to worsen the symptoms but she seems to get relief from chiropractic sessions. She also complains of weakness and numbness of right upper extremity involving the hand. She notes that studies have revealed that she has carpal tunnel. The right shoulder pain is in the posterior aspect of the shoulder. Physical exam revealed positive Addison's test including weakness, decreased radial pulse with numbness and tingling right hand. There was tenderness along the trapezius, rhomboid and supraspinous musculature. The Magnetic Resonance Imaging (MRI) dated 9/4/13 revealed mild degenerative changes of the cervical spine and small labral tear in the shoulder. There was no previous therapy sessions noted. Recommend chiropractic and flector patches. Work status was regular work duty. On 11.25/13 Utilization Review non-certified a request for CHIROPRACTIC TREATMENT FOR THE RIGHT SHOULDER, QUANTITY 12, noting there was no significant decline in functional status as the injured worker was instructed to continue with regular work duty;

medical necessity was not evident. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC TREATMENT FOR THE RIGHT SHOULDER, QUANTITY 12:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section/MTUS Definitions Page 1.

**Decision rationale:** The patient has received 12 prior chiropractic care for her right shoulder injury. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Shoulder Chapter recommends 9 sessions of chiropractic care over 8 weeks with additional sessions with evidence of functional improvement. The MTUS definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The treating chiropractor's notes are not present in the records provided. I find that the 12 additional chiropractic sessions requested to the right shoulder to not be medically necessary and appropriate.