

<b>Case Number:</b>	CM14-0119334		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. 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: 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 50 year old female, who sustained an industrial injury on 03-10-2009. She has reported injury to the left shoulder. The diagnoses have included left shoulder impingement; and status post left subacromial decompression and distal clavicle debridement. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Ibuprofen, Tramadol, and Diclofenac. A progress report from the treating provider, dated 06-13-2014, documented an evaluation with the injured worker. The injured worker reported pain with right shoulder movement; and she still has trouble lifting objects. Objective documentation included positive trapezial spasms; positive paraspinal spasms; pain with range of motion; and positive radicular pain. The treatment plan has included the request for twelve (12) chiropractic therapy visits for right shoulder impingement, two (2) times a week for six (6) weeks. The original utilization review, dated 07-14-2014, non-certified the request for twelve (12) chiropractic therapy visits for right shoulder impingement, two (2) times a week for six (6) weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Chiropractic Therapy visits for right shoulder impingement, two (2) times a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders.

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

**Decision rationale:** The claimant presented with chronic right shoulder pain. Previous treatments include medications, physical therapy, surgeries, and chiropractic. According to the available medical records, the claimant has had chiropractic treatment previously, however, total number of visits is unknown and there is no evidence of objective functional improvement. Base on the guidelines cited, the request for additional 12 visits also exceeded ODG guidelines recommendation. Therefore, it is not medically necessary.