

<b>Case Number:</b>	CM14-0186653		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 a licensed Chiropractor, 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 47 year old female who was injured on 6/6/11 while lifting boxes overhead when one box apparently fell and she caught it injuring the left shoulder. She was diagnosed with left shoulder and neck injuries. Prior treatment has consisted of injections, physical therapy, acupuncture, medications and shoulder surgery. It is not clear if there has been any previous Chiropractic care. The amount of previous care for each modality is not clear and how the patient responded to care is not well documented. There apparently was pre and post physical therapy. The left shoulder surgery was on 12/15/11 although the records indicate another date of 12/16/12. There was apparently a pre-surgical magnetic resonance imaging (MRI) on 8/17/11 and a post-surgical MRI on 10/24/14 (and/or on 6/27/13). The first MRI revealed an impression of tendinosis of the supraspinatus and infraspinatus with a small focal full thickness tear of the distal supraspinatus. The second MRI revealed some tendinosis. The left shoulder arthroscopic surgery on 12/15/11 was a rotator cuff repair and subacromial decompression. The doctor is now requesting chiropractic care/myofascial therapy for the shoulders of unknown amount and duration of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/myofascial therapy shoulders:** 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 9792.20-9792.26 Page(s): 58,59, Postsurgical Treatment Guidelines Page(s): 26,27.

**Decision rationale:** According to the post-surgical guidelines above the post-surgical treatment for a rotator cuff repair is 24 visits over 14 weeks not to exceed 6 months. This is well beyond that time frame period. Also the documentation is not clear on the previous amount of care that has been given and how the patient has responded to care. Chiropractic manipulation is not recommended by the California Medical Treatment Utilization Schedule (MTUS) guidelines. Therefore the treatment is not medically necessary.