

<b>Case Number:</b>	CM14-0193293		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 licensed in Chiropractor, 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 patient is a 50 year old male who injured his right knee, right shoulder and low back on 3/3/2014 as a result of a slip and fall incident. The patient is status post-surgical for his right shoulder (arthroscopic subacromial decompression, Mumford procedure, labral debridement and rotator cuff repair). Per the PTP's progress report the "patient showing signs of frozen shoulder with range of motion loss/pain with new MRI findings. Weather changes causing increased lower back pain syndrome with disc herniation." The patient has been treated with medications, physical therapy and chiropractic care for his lumbar spine and medications, physical therapy, chiropractic care and surgery for his shoulder. The Diagnoses assigned by the PTP are upper extremity subluxation, sprain/strain arm/shoulder and cervical/CADS injury. An MRI study of the lumbar spine has revealed "L3-4 central focal disc herniation that abuts the thecal sac." A right shoulder MRI post-surgery has revealed tears of supraspinatus and infraspinatus tendons, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion and tear of the superior glenoid labrum. The PTP is requesting 6 additional sessions of chiropractic care to the right shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Outpatient Chiropractic Therapy for the Lumbar Spine and Right Shoulder Six (6) Sessions:** Overturned

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

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

**Decision rationale:** This is a chronic post-surgical case with a date of injury 3/13/2014. The patient has undergone a several surgical procedures to include rotator cuff tear repair for the right shoulder. He has received 12 chiropractic care sessions for his right shoulder post-surgery, per the records provided. The MTUS ODG Shoulder Chapter recommends a trial of chiropractic care for the shoulder. MTUS Post- Surgical Treatment Guidelines recommends 24 visits of post-operative physical medicine treatment over 14 weeks for rotator cuff tear repair. The PTP is requesting 6 additional chiropractic sessions. This request is well within the recommendation of The MTUS for post-operative physical medicine care. As for the lumbar spine, the records show that prior chiropractic therapy has not been rendered. The MTUS recommends a trial of 6 sessions over 2 weeks. The request for 6 chiropractic sessions to the right shoulder and lower back are medically necessary and appropriate.