

<b>Case Number:</b>	CM14-0204107		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Board Certified in Family Practice 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 39 year old male who sustained an industrial injury on January 11, 2013. He is diagnosed with right elbow lateral epicondylitis, right wrist myoligamentous and bilateral shoulder myoligamentous injury, and pectoralis strain. Treatment to date has consisted of physical therapy for the cervical spine and left shoulder, extracorporeal shock wave treatments left shoulder, right wrist and right elbow, acupuncture, and left shoulder subacromial injections. Left shoulder magnetic resonance imaging on 9/7/2013 has demonstrated supraspinatus tendinosis. The patient is working modified duties. The patient presented for a follow up on October 28, 2014 at which time he continued to complain of cervical spine, left shoulder and right wrist pain. Shoulder examination revealed bilateral 5/5 strength. Shoulder range of motion was as follow: bilateral abduction 175, adduction 20 and forward flexion 170 degrees. Right shoulder extension was 25 and left shoulder extension was 20 degrees. Right shoulder internal rotation was 70 and left shoulder internal rotation was 60 degrees. Right shoulder external rotation was 70 and left shoulder external rotation was 60 degrees. Apley scratch and supraspinatus test was positive for the left shoulder. Request was made for extracorporeal shockwave therapy, physical therapy and chiropractic treatment for the left shoulder. QME examination dated 8/15/14 noted that the patient has vague subjective complaint of occasional pain and stiffness in the left shoulder. The QME noted that the patient had near full range of motion of the left shoulder equal to the right shoulder. Utilization review dated November 14, 2014 non-certified the request for chiropractic 1x wk x 6 wks for the left shoulder. The MTUS Chronic Pain Treatment Guidelines were cited and it was pointed out that there are minimal examination findings indicating the medical necessity for manipulation to the left shoulder, with range of motion minimally impaired.

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

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

**Chiropractic 1xWk x 6Wks Left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In this case, the patient is noted to have near full range of motion as per the treating physician and the qualified medical examiner's examination. Given the lack of significant limitation in range of motion, the request for chiropractic treatment is not medically necessary.