

<b>Case Number:</b>	CM15-0108909		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 64 year old male, who sustained an industrial injury on 9/28/09. He reported right shoulder and trapezius pain. The injured worker was diagnosed as having chronic cervical strain/sprain with degenerative disk disease, chronic thoracic strain/sprain with degenerative disc disease, rhomboid strain/sprain right greater than left, and status post right shoulder arthroscopy with open rotator cuff repair and biceps tenodesis. Treatment to date has included 6 chiropractic treatments which have provided improvement. Other treatment included right T4-5 medial branch blocks, right shoulder trigger point injections, physical therapy, and medication. Currently, the injured worker complains of neck, upper back, mid back, and scapular pain. The treating physician requested authorization for 12 additional chiropractic visits over 8 weeks for the scapula/shoulder, cervical and thoracic spine, ribs, and musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiro 12 Visits Over 8 Weeks for Scapula/Shoulder, C-T Spine + Ribs + Musculature:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

**Decision rationale:** The claimant presented with chronic pain in the neck, upper back, mid back, and right shoulder. Reviewed of the available medical records showed the claimant has completed post shoulder arthroscopic physical therapy and 6 chiropractic treatment. The chiropractic trial visit help decreased his pain level, however, pain come back with activities and driving. There are essentially no changes in objective findings. Based on the guidelines cited, there are no evidences of objective functional improvement and the request for additional 12 visits also exceeded the guidelines recommendation for shoulder treatment. Therefore, it is not medically necessary.