

<b>Case Number:</b>	CM15-0132972		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Chiropractic

### 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 30 year old male, who sustained an industrial injury on 1/08/2015, while scanning boxes at a warehouse. The injured worker was diagnosed as having left shoulder impingement, left hand weakness, and left lateral epicondylitis. Treatment to date has included medications. Currently, the injured worker complains of left shoulder pain and decreased grip of left hand. Pain was rated 8/10. He was right hand dominant. Exam noted painful range of motion, positive Neer's, Hawkin's, Tinel's and Phalen's signs. The treatment plan included an initial trial of chiropractic treatment (left shoulder-trap), 3x4. His work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment, Left Shoulder/Trap, 3 times wkly for 4 wks, 12 sessions:**

Overtured

**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 Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her left shoulder injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions but is silent on the shoulder. The ODG Shoulder Chapter recommends an initial trial of 9 chiropractic care sessions over 8 weeks. The patient is suffering from impingement syndrome and has not tried any conservative care. The 12 requested sessions are reasonable at this time. I find that the 12 initial chiropractic sessions requested to the left shoulder to be medically necessary and appropriate.