

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0166836 |                              |            |
| <b>Date Assigned:</b> | 09/04/2015   | <b>Date of Injury:</b>       | 05/03/2015 |
| <b>Decision Date:</b> | 10/06/2015   | <b>UR Denial Date:</b>       | 07/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2015 |

### 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, Oriental Medicine

### 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 51 year old female, who sustained an industrial injury on 5-3-2015. She reported pain in the low back and right shoulder from transferring a person from bed to chair. Diagnoses include cervical spine strain, right shoulder strain, right upper arm strain, and shoulder impingement. Treatments to date include activity modification, anti-inflammatory, and physical therapy. Currently, she complained of ongoing right shoulder pain and up to four or five headaches a week. On 6-24-15, the physical examination documented tenderness in the right shoulder with muscle spasm and decreased range of motion. The Neer's test and Hawkin's test were positive. The plan of care included a request to authorize six chiropractic therapy sessions for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic physiotherapy visits for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The July 31, 2015 utilization review document denied the treatment request for six chiropractic physiotherapy visits to the patient's right shoulder between July 28, 2015 and September 11, 2015 citing CA MTUS chronic treatment guidelines. The reviewed medical records identify no functional deficits in the patient's shoulder by way of range of motion decreased where introduction of manipulative care would be indicated. The medical necessity for manual manipulation of the shoulder per CA MTUS chronic treatment guidelines supports treatment for thoracic outlet and frozen shoulder, both conditions that were not identified in the reviewed records. The request for treatment of the left shoulder with manipulation and physical therapy, six visits is not medically necessary and was not found in the reviewed records or consistent with CA MTUS chronic treatment guidelines.