

<b>Case Number:</b>	CM15-0168568		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 60 year old male, who sustained an industrial injury on 04-09-2014. He has reported injury to the right shoulder. The diagnoses have included pain in shoulder region, joint; rotator cuff syndrome, supraspinatus syndrome; status post right shoulder arthroscopic rotator cuff repair, subacromial decompression, and Mumford procedure, on 09-30-2014; massive right shoulder rotator cuff tear; and status post right shoulder revision rotator cuff repair, on 03-10-2015. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, chiropractic therapy, and surgical intervention. Medications have included Ibuprofen, Norco, and topical compounded creams. A progress note from the treating physician, dated 07-15-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is four months status post revision shoulder surgery; he currently feels that he is improving; he states that he is not having any considerable pain with the exception of some discomfort following his physical therapy sessions; he feels that he is improving, however he is not 100%. Objective findings included positive scapular dyskinesia on examination of the right shoulder; positive 4- out of 5 strength of rotator cuff of supraspinatus and external rotators; there is no evidence of acromioclavicular joint pain to palpation; sensation is intact in the bilateral upper extremities; right shoulder weakness status post massive rotator cuff tear and repair; and he is doing very well considering the magnitude of his rotator cuff tear. The treatment plan has included the request for chiropractic 2 times per week for 4 weeks to the right shoulder.

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

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

**Chiropractic 2 times per week for 4 weeks to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The utilization review document dated July 31, 2015 denied the treatment request for eight chiropractic visits to the patient's right shoulder citing CA MTUS chronic treatment guidelines. The reviewed records documented a right shoulder revision surgery with noted postoperative shoulder pain despite physical therapy application. The patient's prior treatment history did include chiropractic treatment without evidence that applied care led to any functional improvement. The medical necessity for additional chiropractic care, eight visits to the patient's right shoulder is not supported by the reviewed medical records or CA MTUS chronic treatment guidelines. The request is not medically necessary.