

<b>Case Number:</b>	CM15-0168708		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/12/2015
<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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female worker who was injured on 01-17-2012. The medical records reviewed indicated the injured worker (IW) was treated for supraspinatus tendinosis with disc osteophyte, left shoulder; left shoulder impingement syndrome; and C3-7 stenosis, per MRI report. The Orthopedic Panel Qualified Medical Evaluation dated 7-3-2015 indicated the IW's neck pain was intermittent and rated 7 out of 10, but was 3 out of 10 with medications; her left shoulder pain was 6 out of 10 with medications and 9 out of 10 without them. On physical exam, there was tenderness and guarding over the cervical spine and in the upper left trapezius. Cervical flexion was 48 degrees and extension was 28 degrees. Left shoulder range of motion was less than the right and there was 4+ muscle weakness on abduction and external rotation. The left shoulder was tender over the left rotator cuff area and the left acromioclavicular joint. Reflexes and sensation were normal. The IW reported having some difficulty with activities of daily living such as doing housework, cooking, shopping, bathing, dressing, grooming and driving. In the progress notes dated 7-20-2015 the IW reported pain relief from six sessions of shockwave therapy for the left shoulder. She rated her pain in the left neck and left shoulder 4 out of 10 with medications. The physical exam found palpable tenderness over the left acromioclavicular joint and positive impingement sign on the left. There was 5+ left external rotator strength. MRI of the left shoulder dated 4-17-2015 showed mild to supraspinatus tendinosis and mild acromioclavicular osteoarthritis with small osteophyte formation. The cervical spine MRI from 3-14-2014 showed mild to moderate multilevel degenerative disc disease with straightening of the cervical spine and posterior disc osteophyte complexes with

moderate canal stenosis at C3-4 through C6-7. Treatments have included medications (Norco, Ibuprofen), shockwave therapy, physical therapy and activity modification. A Request for Authorization dated 7-20-2015 asked for chiropractic sessions twice a week for three weeks for the neck and left shoulder. The Utilization Review on 8-12-2015 denied the request for chiropractic sessions twice a week for three weeks for the neck and left shoulder because the ODG Chiropractic guidelines and the AAOS (American Academy of Orthopedic Surgeons) do not support this treatment for the IW's symptoms.

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

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

**Chiropractic sessions 2x week x 3 weeks for the neck and left 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

**Decision rationale:** The claimant presented with chronic neck and left shoulder pain despite previous treatments with medications, physical therapy, shockwave therapy, and acupuncture. Reviewed of the available medical records showed no history of chiropractic treatments. Although MTUS guidelines, might recommend a trial of 6 chiropractic visits over 2 weeks, ODG guidelines recommend up to 9 chiropractic visits for the shoulder if there is evidences of functional improvement in 2-3 visits. The request for 6 visits exceeded the guidelines recommendation, therefore, it is not medically necessary.