

<b>Case Number:</b>	CM15-0196075		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Montana  
 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 49 year old female, who sustained an industrial injury on 06-24-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic arthralgia, shoulder arthralgia, and shoulder adhesive capsulitis. Medical records (04-10-2015 to 08-24-2015) indicate ongoing left shoulder pain with radiation into the trapezius, scapula and into the right upper arm. Pain levels were rated 9 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary; however, ability to work was not specified. The physical exam, dated 08-24-2015, revealed restricted range of motion (ROM) in the left shoulder, slight tenderness over the left shoulder and upper arm, slightly positive impingement and drop test, and slightly decreased shoulder strength on the left. Relevant treatments have included: 2 surgeries to the left shoulder, physical therapy (PT), ultrasound, massage and electrical muscle stimulation without benefit work restrictions, and pain medications. The request for authorization was not available for review; however, the utilization review letter states that the following treatment was requested: 12 chiropractic treatments (2x6) for the left shoulder. The original utilization review (09-09-2015) partially approved the request for 12 chiropractic treatments (2x6) for the left shoulder (modified to 6 treatments).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment visits x12, twice weekly for 6 weeks, for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, page(s) 106, 111 and 115.

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 12-chiropractic treatment for left shoulder pain which were modified to 6 by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.