

<b>Case Number:</b>	CM15-0199975		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/31/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 7-31-2010. The medical records indicate that the injured worker is undergoing treatment for left shoulder strain-sprain, tendinitis, bursitis, impingement; status post left shoulder subacromial treatment, and status post left shoulder decompression surgery (2-23-2015). According to the progress report dated 7-20-2015, the injured worker presented with complaints of left shoulder pain. On a subjective pain scale, she rates her pain 5 out of 10, which has decreased from 8 out of 10 on her last visit. The physical examination of the left shoulder reveals tenderness to palpation with restricted range of motion. The current medications are Tylenol #3 and topical compound cream. Previous diagnostic studies include MRI of the left shoulder. Treatments to date include medication management, physical therapy (decreases pain and tenderness), and surgical intervention. Work status is described as temporary total disability. The original utilization review (9-22-2015) had non-certified a request for 12 chiropractic sessions to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3 x 4 for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

**Decision rationale:** According to the guidelines, manual/chiropractor therapy is not recommended for the shoulder. The claimant is undergoing physical therapy and receiving medications. The request for chiropractor therapy is not a medical necessity.