

<b>Case Number:</b>	CM15-0200407		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 65-year-old male who sustained an industrial injury on 3/23/11. Injury occurred when he fell off a ladder and sustained a left elbow fracture. He underwent open reduction and internal fixation of the left olecranon proximal ulna and excision of the left radial head on 3/23/11, left wrist and hand tendon transfers on 11/18/13, left carpal tunnel release on 3/18/13, and left shoulder arthroscopic rotator cuff repair surgery in April 2014. The 9/11/14 left shoulder MRI impression demonstrated a re-tear of the supraspinatus tendon. He underwent left shoulder arthroscopy and rotator cuff repair on 6/24/15. The 8/19/15 orthopedic report indicated that the injured worker had therapy for the left shoulder and today was the last appointment. He wanted to hold off on more therapy and move to chiropractic care. He complained of right and left shoulder pain, weakness, and swelling of the hand. Physical exam documented well healed left shoulder wound with no infection. He had grip strength of 22 left and 60 right. Right shoulder forward flexion and abduction were 140 degrees with associated pain. Left elbow range of motion was -30 to 110 degrees. Phalen's test was negative. The injured worker had a right shoulder problem that was a compensable injury. He had devastating injuries to the left side and had been overloading the right side. He developed right arm damage specifically to the shoulder. He needed a right shoulder MRI and possibly surgery. He had medication at home and was to continue pain management with [REDACTED]. Authorization was requested for chiropractic care 2 times per week for 6 weeks. The 9/23/15 utilization review non-certified the request for 12 visits of chiropractic care due to lack of supporting documentation regarding the medical necessity of this request. The 9/30/15 orthopedic report relative to 9/22/15 exam cited left shoulder pain and stiffness, pain throughout the left arm, right shoulder pain, sleeping

difficulties, and arm weakness. Physical exam documented grip strength right 60 and left 20 pounds, right shoulder abduction 80 degrees, left shoulder abduction 95 degrees, positive impingement test, positive right provocative testing, and left elbow stiffness. The diagnosis included right shoulder suspected tear. The treatment plan recommended shoulder MRI and continued physical therapy. Flexeril was prescribed.

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

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

**Chiropractic 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odgtwc.com/odgtwc/shoulder.htm>.

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

**Decision rationale:** The California MTUS guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Guidelines support therapeutic chiropractic treatment for an initial trial of 6 visits to assess functional response. For the shoulder, the MTUS guidelines state that manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time. Guideline criteria have not been met. This injured worker presents with bilateral shoulder complaints. He is status post left revision rotator cuff repair and records indicate that he is attending physical therapy. There is limited right shoulder range of motion with positive impingement testing. Diagnostic imaging has been requested to evaluate rotator cuff pathology. An initial trial of chiropractic manipulation for up to 6 visits or for a few weeks may be reasonable to address a specific functional deficit, including limited range of motion. There is no specific rationale for chiropractic care or functional treatment goal documented to be addressed by chiropractic care. Additionally, this request exceeds guideline recommendations for chiropractic treatment. Therefore, this request is not medically necessary at this time.