

<b>Case Number:</b>	CM15-0202657		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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:

The injured worker is a 49 year old male with an industrial injury date of 08-25-2014. Medical record review indicates he is being treated for left shoulder bursitis, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder sprain-strain, left shoulder tenosynovitis, left shoulder partial rotator cuff tear, left carpal tunnel syndrome and left hand tenosynovitis. Subjective complaints (09-16-2015) included intermittent left shoulder pain. The injured worker indicated that rotation, torquing motions, reaching overhead, lifting, carrying, pushing and pulling exacerbates the shoulder pain. The pain was rated as 5 out of 10. The injured worker also complained of frequent left hand and finger pain with numbness sensation. The pain was rated as 6 out of 10. Medications included Tramadol ER. Prior treatment included chiropractic treatments and medications. Objective findings (09-16-2015) included decreased range of motion of the left shoulder with positive Neer's and Hawkins's sign. There was tenderness to palpation of the anterior shoulder. There was tenderness to palpation of the palmar aspect of the left hand with positive Tinel's and Phalen's sign. Carpal compression was also positive. On 09-24-2015 the request for chiropractic 2 times a week for 3 weeks for the left shoulder was modified to 4 chiropractic visits for manual therapies and supervised exercise only to the left shoulder.

### 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 3 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Assessment, General Approach, Initial Care.

**Decision rationale:** The claimant presented with chronic pain in the left shoulder, left wrist/ carpal tunnel syndromes, and left hand. Recent treatments include medications and chiropractic. According to the available medical records, the claimant has completed 6 chiropractic treatment visits, however, there is no evidences of objective functional improvements. The request for additional 6 visits also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.