

<b>Case Number:</b>	CM15-0205058		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 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 72 year old male, who sustained an industrial injury on 02-08-2002. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for chronic shoulder pain, rotator cuff syndrome, bilateral shoulder impingement syndrome, multiple tendinitis, tendinosis, peritendinitis, and tenosynovitis, acromioclavicular joint arthrosis, and labrum tear. Treatment and diagnostics to date has included bilateral shoulder MRI's and chiropractic treatment. A chiropractic treatment noted dated 06-06-2015 noted the injured worker's pain level as 8 out of 10 before therapy and 5-6 out of 10 after therapy. Subjective data (06-17-2015 and 09-23-2015), included persistent pain in both shoulders. Objective findings (09-23-2015) included restricted range of motion to bilateral shoulders with tenderness to palpation and positive Neer and Hawkins's tests. The Utilization Review with a decision date of 10-15-2015 non-certified the request for chiropractic treatments 1x4 electric current therapy, therapeutic exercises, manual therapy, diathermy and TENS (Transcutaneous Electrical Nerve Stimulation) Unit, supplies as needed, electrodes, batteries, adhesive removers, lead wire, shipping and handling to right and left shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 1 x 4, electric current therapy, therapeutic exercises, manual therapy, diathermy:** Upheld

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

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

**Decision rationale:** The request is for chiropractic treatment 1 x 4, electric current therapy, therapeutic exercises, manual therapy and diathermy. The patient has had previous chiropractic therapy and the request is for continuing therapy. Guidelines indicate that the necessity of continuing chiropractic care is dependent upon objective evidence of functional improvement. The medical records submitted do not contain patient specific objective functional gains. Therefore, the request is not medically necessary or appropriate.

**TENS supplies as needed, electrodes, batteries, adhesive removers, lead wire, S & H right and left shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The injured worker is a 72 year-old retired male who was injured in 2002 and complains of chronic shoulder pain. The request is for TENS supplies. Continued use of TENS is dependent upon objective evidence of functional improvement. The medical records submitted do not contain evidence of specific functional gains. Therefore, the request is not medically necessary or appropriate.