

<b>Case Number:</b>	CM15-0020930		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 39 year old male, who sustained an industrial injury on 6/24/14. He has reported left shoulder injury. The diagnosis is left shoulder contusion/tendinitis/impingement with a history of dislocation. Treatment to date has included physical therapy/occupational therapy, oral medications and activity restrictions. (MRI) magnetic resonance imaging of left shoulder was performed on 8/20/1 and revealed fluid in the subacromial/sub deltoid bursa and no evidence of rotator cuff injury. Currently, the injured worker complains of pain in left shoulder with popping with movements. Physical exam noted tenderness of rotator cuff area, bicipital groove and acromioclavicular joint. Tenderness is also noted over the trapezius and supraspinatus muscle on left upper shoulder area. On 1/5/15 Utilization Review non-certified chiropractic treatment 2 times 6 to the left shoulder and acupuncture trial 2 times 3 to the left shoulder, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, was cited. On 2/14/15, the injured worker submitted an application for IMR for review of chiropractic treatment 2 times 6 to the left shoulder and acupuncture trial 2 times 3 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 treatment 2 times a week for 6 weeks to the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

**Decision rationale:** MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic treatment 2 times a week for 6 weeks to the left shoulder is not medically necessary and appropriate.

**Trial of acupuncture 2 times a week for 3 weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the cervical and thoracic spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of few treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Trial of acupuncture 2 times a week for 3 weeks to the left shoulder is not medically necessary and appropriate.