

<b>Case Number:</b>	CM15-0023438		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 42 year old female, who sustained an industrial injury on January 3, 2013. The diagnoses have included rotator cuff sprain/strain and bicipital tenosynovitis. Treatment to date has included Magnetic resonance imaging right shoulder January 30, 2013 revealed some partial thickness tearing of the distal right supraspinatus tendon, without retraction and associated tendinosis. Currently, the injured worker complains of right shoulder pain that is increased with activities such as abduction and rotation. In a progress note dated January 15, 2015, the treating provider reports examination of the right shoulder, some weakness of the abductors and external rotators but not severe, good range of motion pain throughout the anterior and posterior aspect of the shoulder in the axillary areas and up proximally in the trapezius and levator scapulae area. The claimant had been seeing a chiropractor since 2013 as well as undergone prior acupuncture treatments then. On January 23, 2015 Utilization Review non-certified acupuncture two times a week for six weeks left shoulder and chiropractic manipulation and physiotherapy three times a week for four weeks left shoulder noting Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation and physiotherapy for the left shoulder, 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary. In this case, the claimant had undergone numerous sessions with a chiropractor since early 2013 (> 10). The request for additional 12 sessions exceeds the amount recommended by the guidelines. The claimant has improved physical exam findings and continued need for a chiropractor is not medically necessary.

**Acupuncture treatment for the left shoulder, 2 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement is expected within 3-6 sessions. In this case, the claimant had undergone prior sessions since 2013. The claimant has improved physical exam findings The indication for additional 12 sessions of acupuncture is not medically necessary.