

<b>Case Number:</b>	CM15-0212670		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/23/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Chiropractic

### 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 47 year old female, who sustained an industrial-work injury on 6-23-15. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder adhesive capsulitis. Treatment to date has included pain medication, chiropractic at least 16 sessions with some benefit, physical therapy at least 12 sessions, diagnostics and other modalities. Medical records dated 10-12-15 indicate that the injured worker feels that she has improved and feels that she has greater range of motion and improvement in pain including some days without any pain. She states that the biggest benefit has been chiropractic therapy. The physical exam reveals forward flexion 90 degrees, abduction 80-85 degrees limited by pain and physically limited by adhesions. She is limited in internal and external rotation of the left shoulder. The physician indicates that he is unable to perform Hawkin's and Neer's test due to adhesions and there is no crepitation appreciated by exam. The physician indicates that left shoulder Magnetic Resonance Imaging (MRI) is indicative of left shoulder adhesive capsulitis with small joint effusion and bursitis. The physician indicates that while she states subjective improvement he cannot appreciate objective improvement in the last 2 weeks. The physician indicates a referral to orthopedics and another 6 sessions of chiropractic. The requested service included Chiropractic twice a week for 3 weeks, left shoulder. The original Utilization review dated 10-20-15 modified the request for Chiropractic twice a week for 3 weeks, left shoulder modified to Chiropractic once a week for 3 weeks, left shoulder to allow for completion of the treatment plan and instruction for home exercise program (HEP).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic twice a week for 3 weeks, left shoulder:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

**Decision rationale:** The patient has received at least 6 sessions of chiropractic care for her left shoulder injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but is silent on the shoulder. The ODG Shoulder Chapter recommends a limited trial of manipulation, 9 sessions over 8 weeks and additional care with objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The UR department has reviewed the request and approved 3 additional sessions. This brings the total number of sessions approved to 9. I find that the 6 additional chiropractic sessions requested to the left shoulder to not be medically necessary and appropriate.