

<b>Case Number:</b>	CM15-0235879		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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 29 year old female, who sustained an industrial injury on 4-24-2014. According to physician documentation, the injured worker was diagnosed with cervical disc herniation, cervical facet arthropathy, cervical radiculopathy and shoulder subacromial bursitis. Subjective findings dated 6-26-2015, 9-2-2015 & 10-21-2015 were notable for pain in the right shoulder in the posterior aspect of her shoulder, that increases with activity, prolonged driving, and holding the steering wheel. She reports tightness in the right trapezius region rated 5-9 out of 10 and activity is limited secondary to pain and disturbed sleep. Objective findings dated 6-26-2015, 9-2-2015 & 10-21-2015 were notable for tenderness to palpation over the trapezius muscle that is painful with range of motion, 4/5 right external rotation, right biceps, deltoid, internal rotation and normal sensation of normal to radial, median, ulnar and axillary nerves. On 6-10-2015, x-rays of the right shoulder were performed revealing no acute fractures, dislocations, or other bony pathology. Treatments to date have included corticosteroid injections, 3 sessions of physical therapy, home exercises, Cyclobenzaprine 7.5mg, Naproxen 550mg and Tylenol. The Utilization Review determination dated 11-20-2015 did not certify treatment/service requested for 8 initial sessions of chiropractic therapy for the right shoulder. The UR department has modified the request and approved 3 initial sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro x 8 for the Right Shoulder: Overturned**

**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 not received chiropractic care for her right shoulder injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommend manipulation for chronic musculoskeletal conditions. The MTUS does not recommend manipulation for the shoulder. The ODG Shoulder Chapter recommends 9 sessions over 8 weeks. The UR department has reviewed the request and approved 3 initial sessions. Based on this recommendation by the ODG, I find that the 8 initial chiropractic sessions requested to the right shoulder are medically necessary and appropriate.