Case Number:	CM14-0130096		
Date Assigned:	08/20/2014	**Date of Injury:**	03/26/2014
Decision Date:	09/30/2014	**UR Denial Date:**	08/13/2014
Priority:	Standard	**Application Received:**	08/14/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year old female with a reported date of injury on 03/26/2014, but no history of injury was reported. She presented for initial chiropractic care on 05/17/2014 with complaints of left shoulder pain rated 7-8/10, occurring 75% to 100% of the day. Left shoulder ranges of motion were noted as abduction 160°/170°, adduction 20°/30°, flexion 160°/170°, extension 25°/30°, internal rotation 55°/60°, and external rotation 75°/80°. Positive findings were noted on abduction sign at 90°, apprehension sign, and Dawbarnes. Bilateral upper extremity DTRs were reported +2 with the exception of left biceps noted as +1/+2. Grip test (right-hand dominant) indicated from right to left: 45-40-40 and 30-30- 25. Pulses were reported normal. Muscle strength of cervical spine and upper extremities was reported +5 bilaterally with the exception of the left supraspinatus muscle reported +4/+5. The patient was diagnosed exacerbation posttraumatic chronic left shoulder sprain, suspected shoulder impingement syndrome of the supraspinatus tendon, secondary to 03/26/2014 industrial injury. A treatment recommendation of 12 office visits of chiropractic/physical medicine modalities and procedures at a frequency of 3 times per week over the next 30 days was noted. The patient was TTD 05/19/2014 through 06/19/2014. The chiropractor's report of 06/20/2014 notes the patient had been continuing the prescribed course of treatment. She reported 5-6 left shoulder pain 50% to 75% of the day. The chiropractor recommended continuing chiropractic/physical medicine modalities and procedures at a frequency of 3 times per week over the next 30 days. The patient was to continue TTD until 07/30/2014. The patient returned for chiropractic care on 07/21/2014 reporting 6/10 left shoulder pain occurring 75% of the day. Left shoulder ranges of motion were noted as abduction

155°/170°, adduction 20°/30°, flexion 160°/170°, extension 25°/30°, internal rotation 55°/60°, and external rotation 80°/80°. Positive findings were noted on abduction sign at 90°, apprehension sign, and Dawbarnes. Bilateral upper extremity DTRs were reported +2 with the exception of left biceps noted as +1/+2. Grip test (right-hand dominant) indicated from right to left: 45-45-40 and 35-35- 30. Pulses were reported normal. Muscle strength of cervical spine and upper extremities was reported +5 bilaterally with the exception of the left supraspinatus muscle reported +4/+5. The patient was diagnosed exacerbation posttraumatic chronic left shoulder sprain and shoulder impingement syndrome of the supraspinatus tendon, secondary to 12/22/2010 industrial injury. The chiropractor recommended continuing chiropractic/physical medicine modalities and procedures at a frequency of 3 times per week over the next 30 days. The patient was to remain TTD 08/30/2014. There is a request for 12 chiro/physical medicine visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiro/physical medicine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Shoulder chapter and Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2004;203,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/27/2014.

Decision rationale: The recent request for chiropractic/physical medicine at a frequency of 3 times per week over 30 days (12 visits total) to the left shoulder is not medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, ODG and ACOEM will be referenced regarding the request for chiropractic treatments to the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported.