

<b>Case Number:</b>	CM14-0154923		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 patient is a 44-year-old male with a date of injury of 01/22/2013. According to the progress report dated 08/20/2014, the patient complained of right shoulder pain with radiation to the right arm. There was tingling, numbness, and weakness in the right arm. The patient described the pain as sharp with muscle pain and pins and needles sensation. The pain was aggravated when lifting overhead and decrease with medication and relaxation. Significant objective findings include full range of motion in the cervical spine and negative Spurling's maneuver bilaterally. Right shoulder range of motion and flexion was 80 degrees, abduction 90 degrees bilaterally, external rotation 40 degree, internal rotation 45 degrees, and extension 15 degrees. There was mild tenderness to palpation over the anterior aspect of the shoulder. The Hawkin's test, Drop arm test, Yergason's test, and crossed arm adduction test were negative. There was swelling over the right olecranon. The patient was diagnosed with bursae and tendons in the shoulder region and lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 additional visits of chiropractic physiotherapy (2 times per week for 5 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Manipulation

**Decision rationale:** The Official Disability Guidelines recommend manipulation for the shoulder. It states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder. It would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. It recommends nine visit over eight weeks. The provider noted that chiropractic has been significantly helpful in reducing the patient's symptomology. Based on the submitted documents, there was no documentation of functional improvement from prior chiropractic care. In addition, the guidelines recommend nine visit over eight weeks. The patient has received 20 chiropractic visits. The provider's request for additional 10 visits exceeds to guidelines recommendation, therefore the providers requests for chiropractic sessions two times a week for five weeks is not medically necessary at this time.