

<b>Case Number:</b>	CM14-0156088		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/05/2014
<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, has a subspecialty in Chiropractic Sports Physician 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 48 year old female who was injured on 8/19/10 when she fell off a ladder at work on her right shoulder. The records indicate diagnosis of right shoulder impingement syndrome, right shoulder AC joint DJD, S/P right shoulder SAD/DCE, right shoulder strain /sprain, rotator cuff syndrome, cervicgia, cervical disc syndrome, right CTS release, and Post surgical right shoulder. Treatment has consisted of medication, pre & post surgical physical therapy on the right shoulder(24 pre and unknown post), right shoulder arthroscopy 6/19/14 and chiropractic care of unknown amount. On 6/7/13 a MRI of the right shoulder revealed mod-severe insertional tendinosis of the supraspinatus/infraspinatus, mild arthrosis in the AC joint. Work status is TTD. The doctor is requesting Chiropractic care 3 times per week for 4 weeks for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 times a week for 4 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&59.

**Decision rationale:** The records indicate at least 24 visits of pre-surgical physical therapy on the right shoulder but not the amount of post-surgical physical therapy and chiropractic care. The guidelines state 24 visits of post-surgical care over 14 weeks. Also according to the MTUS Chronic Pain guidelines the records do not indicate objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore the treatment is not medically necessary.