

<b>Case Number:</b>	CM14-0161339		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Board Certified in Orthopedic Surgery and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 04/09/2012. The specific mechanism of injury, diagnostic studies and medications were not provided. The documentation of 09/04/2014 revealed the injured worker had complaints of pain in the right side of the neck, right shoulder, and right hand of severe nature. There was numbness and tingling in the right hand. There was a bump on the shoulder. The injured worker was 6 weeks status postoperative arthroscopy of the shoulder. The range of motion was 55%. There was marked tenderness over the sternocleidomastoid muscle on the right and tenderness and synovitis over the right AC joint. There was slight tenderness over the lateral mobile wads and there was a positive Tinel's in the right carpal tunnel space with decreased pinprick sensation in 2 radial fingers. The diagnoses included rule out gout and rule out diabetes. The treatment plan included a steroid injection for the AC joint and the right sternocleidomastoid muscle, as well as postoperative physical therapy and an EMG nerve conduction study. There was no documented rationale for chiropractic manipulation for the shoulder. The request was for physical therapy per physician documentation. However, there was a request for postoperative chiropractic care on 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Initial Chiropractic therapy sessions for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 201-205.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The clinical documentation submitted for review indicated that the injured worker had passive range of motion of 55%. However, it failed to indicate whether the range of motion would support frozen shoulder. The request was made for physical therapy. There was no physician documentation requesting chiropractic care. Given the above, the request for Twelve (12) Initial Chiropractic therapy sessions for the Right Shoulder is not medically necessary and appropriate.