

<b>Case Number:</b>	CM14-0185352		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Chiropractic has a subspecialty in Acupuncture 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 49-year-old female with a date of injury of 12/03/2012. According to the report dated 9/16/2014, the patient complained of cervical pain rated at 7/10 in severity and left shoulder pain rated at 8/10 in severity. Significant objective findings include limited cervical range of motion, tenderness over the spinous process of C4, C5, and C6. In regards to the left shoulder, there was limited range of motion in flexion, extension, abduction, adduction, internal rotation, and external rotation. There was decrease range of motion in the right shoulder. Hawkins-Kennedy and Neer's sign were positive bilaterally. There was tenderness over the acromioclavicular joints bilaterally and crepitus upon passive range of motion in the shoulders bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/Physiotherapy plus manipulation 3xWk x 4Wks for the Right Shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**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 patient is not a candidate for additional chiropractic sessions. Reports indicated that the patient had 6 chiropractic sessions. There was no documentation of functional improvement from prior chiropractic sessions. In addition, the guideline recommends 9 sessions over visits over 8 weeks. The provider's request for 12 chiropractic sessions to the right shoulder will exceed the guidelines recommendation. Therefore, the provider's request for 12 chiropractic sessions is not medically necessary at this time.