

<b>Case Number:</b>	CM14-0169191		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Board Certified in Internal Medicine 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:

According to the Primary Treating Physician's Progress Report (PR-2) dated February 11, 2014, the IW (injured worker) complains of soreness in the right shoulder and right arm. She also complains of right rhomboid pain. The provider recommends physical therapy (PT) 2 times a week for 6 weeks for the right shoulder and chiropractic treatment 2 times a week for 6 weeks. PR-2 dated March 11, 2014 indicates the IW has stiffness, spasms, and tenderness of the right shoulder. The provider recommends physical therapy and chiropractic care to the right shoulder and cervical spine. PR-2 dated April 8, 2014 indicates that the IW continues to have pain and discomfort in the right shoulder and cervical spine. Exam shows positive Hawkins sign and increased stiffness. Cervical spine examination shows spasms in the trapezius and rhomboids. The provider recommends physical therapy and chiropractic treatment 2 times per week for 6 weeks. Per UR, the IW has completed post-op physical therapy after the April 2013 rotator cuff repair. PR-2 dated May 19, 2014 indicates that the IW has no new symptoms. The IW ended therapy with improved neck/spinal mobility with reduced end range pain/stiffness. Follow-up report dated May 28, 2014 indicated that the IW has no new complaints. PR-2 dated July 22, 2014 indicates that the IW reports continued pain in the right shoulder and neck, as well as headaches. On examination, there is tenderness in the upper trapezius and spasms. The provider is requesting chiropractic treatment and consultation with a neurologist. Per UR, the IW was certified for physical therapy for the cervical spine 2 times a week for 3 week on April 17, 2014. PR-2 dated August 26, 2014 indicates that the IW neck pain is getting worse with constant headaches due to severe muscle tightness in the right trapezius. The provider recommends chiropractic treatment x 12 visits for right-sided trapezius spasms. PR-2 dated October 7, 2014 reveals there is no change in the injured worker's shoulder symptoms. She has pain with shoulder movement. There is noted weakness in the shoulder. On exam, there is impingement and spasms.

The provider is recommending chiropractic sessions and exercises to the right shoulder 2 times a week for 6 week, and posture vest x 2.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic sessions & exercises 2 times a week for 6 weeks (right shoulder): 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 Section, Chiropractic Manipulation

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic sessions and exercises two times per week for six weeks (right shoulder) are not medically necessary. There is limited evidence to specifically support utilization of manipulative procedures on the shoulder, but this procedure is routinely applied by chiropractic providers scope allows it, and the success 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 two to three visits signs if signs of objective progress towards functional restoration are not demonstrated. The guidelines enumerate the frequency and duration as it applies to the shoulder. Allow for fading treatment frequency (up to three visits per week to one or less), plus active self-directed home therapy. Nine visits over eight weeks. In this case, the injured worker received chiropractic sessions with modalities and exercises one time per week times six weeks to the cervical and right trapezius regions. Additionally, the treating physician submitted a request for chiropractic sessions to the right shoulder, neck and lumbar regions. The request was for two times per week for six weeks. The rationale indicated the injured worker had ongoing shoulder and neck pain that failed to respond to conservative medical management including, physical therapy, injections, and medications. There is no documentation of any recent flare-up or worsening of symptoms. Consequently, there is limited documentation of objective functional improvement with prior physical therapy. Additionally, the guidelines indicate "it would not be advisable to use this modality (chiropractic to the shoulder) beyond 2 to 3 visits unless there are signs of objective progress towards functional restoration". Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, chiropractic sessions and exercises two times per week for six weeks (right shoulder) are not medically necessary.

**Posture Vest x2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Intelliskin Posture Garments

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, posture vest times two are not medically necessary. The ACOEM guidelines, tables 9-6, page 213 provides a summary of recommendations for evaluating and managing shoulder complaints through rest and immobilization. Brief use of a sling for severe shoulder pain (1 to 2 days) is recommended with pendulum exercises to prevent stiffness in cases of rotator cuff conditions. Intelliskin posture vests are not recommended for shoulder pain. In this case, the injured worker has complaints of right shoulder pain. Postural exercises and exercises as part of a home exercise program should be performed. The injured worker received physical therapy in the past and should be well-versed with what exercises to perform. Pursuant to the guidelines, a specialized postural support garment is not clinically indicated. The guidelines do not support the use of posture garments for the treatment of shoulder complaints. Consequently, absent the appropriate clinical indication, the request for posture vest times two is not medically necessary.