

<b>Case Number:</b>	CM15-0111108		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

### 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 50-year-old male, who sustained an industrial injury on 10/15/2013. He reported right shoulder pain while loading a spotting kit into a work van. The injured worker was diagnosed as having sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included diagnostics, right rotator cuff surgery (4/2014), physical therapy, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of right shoulder pain, rated 4/10 and unchanged from previous exam. Exam was positive for right shoulder impingement. Work status remained total temporary disability. Urine was inconsistent with prescribed medications. The treatment plan included an initial trial of chiropractic for the right shoulder (3x4) and functional improvement measurement with functional improvement measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic, right shoulder, functional improvement measures:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, functional improvement measures Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Shoulder Section. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section.

**Decision rationale:** The patient has not received chiropractic care for his right shoulder spine injury in the past, per the PTP's comprehensive medical report. The MTUS Chronic Pain Medical Treatment Guidelines is silent on chiropractic care for the shoulder. However, The MTUS Post-Surgical Treatment Guidelines recommends post-surgical physical medicine care, 24 visits over 14 weeks. The patient has exhausted the number of sessions allowed for post-surgical care per the records reviewed at 40 sessions completed. The ODG Shoulder Chapter recommends 9 sessions of chiropractic therapy over 8 weeks with fading treatment from 3 times per week to 1 time per week. The patient has undergone rotator cuff repair in April 2014 and has completed 40 sessions of physical therapy per the records provided after the surgery. The patient has never received chiropractic care. Physical therapists do not provide manipulation. A trial course of chiropractic care is recommended by The ODG. In this case the requested number of sessions fall well close to the recommended number. I find that the initial trial of 12 chiropractic sessions requested to the right shoulder to be medically necessary and appropriate.