

<b>Case Number:</b>	CM15-0127191		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 51 year old female, who sustained an industrial injury on 1/26/2012. The records submitted for this review did not include documentation of the initial injury. Diagnoses include cervical degenerative disc disease, cervicocranial syndrome, and spondylosis without myelopathy. Treatments to date include medication therapy and physical therapy. Currently, she complained of neck and bilateral shoulder pain. On 5/29/15, the physical examination documented cervical muscle spasms and tenderness. The examination of bilateral shoulder revealed decreased range of motion and testing significantly positive for impingement. The treating diagnoses included right shoulder impingement with tendinosis and labral tear and left shoulder strain/sprain with impingement. The plan of care included right shoulder surgical repair and decompression. The appeal request was to authorize a post-operative cold therapy unit and post-operative chiropractic therapy three times a week for four 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:

**Post-op CPM (length of need not specified): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous passive motion (CPM).

**Decision rationale:** Post-op CPM (length of need not specified) is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. The guidelines do not support CPM for this patient's particular surgery and the request does not specify a duration therefore this request is not medically necessary.

**Post-op chiro 3 x 4 for right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Manipulation.

**Decision rationale:** Post-op chiro 3 x 4 for right shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS does not support manual therapy and manipulation for the shoulder. The ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this 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 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The request exceeds the trial period recommended by the ODG. Furthermore, the guidelines do not offer support for chiropractic care post-op for shoulder surgery. The patient is to have post op PT. The request for post-op chiro is not medically necessary.