

<b>Case Number:</b>	CM15-0174639		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Chiropractor

### 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 48 year old male, who sustained an industrial injury on 7-16-2013. The medical records indicate that the injured worker is undergoing treatment for partial-thickness articular-sided supraspinatus tear of the left shoulder, glenoid chondromalacia of the left shoulder, inferior labral fraying of the left shoulder; status post left shoulder arthroscopy, debridement of partial-thickness rotator cuff tear (9-9-2014). According to the progress report dated 7-29-2015, the injured worker complains of left shoulder pain. The level of pain is not rated. The physical examination of the shoulder reveals mild tenderness over the bicipital groove. Range of motion is 170 degrees with elevation, internal rotation to T8, and external rotation of 70 degrees. Treatment to date has included medication management, rest, physical therapy, cortisone injection, and surgical intervention. Work status is described as no lifting, pushing, or pulling more than 5 pounds, and no overhead work with the left arm. The plan of care includes 6 chiropractic and 12 physical therapy sessions to the left shoulder. The original utilization review (8-5-2015) had non-certified a request for 6 chiropractic sessions to the left shoulder. MTUS references ACOEM guidelines chapter 9, page 203 indicates that "manipulation by a manual therapist has been described as effective for patients with frozen shoulders." ODG guidelines, web-based version, shoulder chapter give the following recommendations regarding manipulation: "ODG Chiropractic Guidelines-Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the left shoulder, quantity: 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ODG guidelines, web-based version, shoulder chapter, ODG Chiropractic Guidelines-Sprains and strains of shoulder and upper arm.

**Decision rationale:** ODG guidelines, web-based version, shoulder chapter give the following recommendations regarding manipulation; ODG Chiropractic Guidelines-Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. The medical necessity for the requested 6 chiropractic treatments was established. The claimant underwent shoulder surgery on 6/4/2015. This was followed by a course of postoperative therapy. At the time of the 8/3/2015 request for chiropractic treatment by [REDACTED], orthopedist, there was also a request for physical therapy. There was no rationale for including chiropractic manipulation for the left shoulder in conjunction with the physical therapy. There is no evidence of frozen shoulder or other clinical findings that would support a course of manipulation. The claimant was responding favorably to the postoperative therapy; therefore, the need for the addition of chiropractic manipulation is not medically necessary.