

<b>Case Number:</b>	CM15-0072069		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 46 year old male, who sustained an industrial injury on 5/21/2012. He reported an automobile accident with injury to the left arm, neck, and upper back. Diagnoses include neck, left shoulder, low back, right leg, and right foot pain, left shoulder full-thickness tear, cervical disc bulge with stenosis, and bilateral trapezial trigger point and left shoulder impingement syndrome. Treatments to date include NSAID, chiropractic therapy, physical therapy. Currently, according to the Qualified Medical Evaluation dated 2/13/15, he complained of pain in the left shoulder. The physical examination documented positive Hawkins and Neer maneuvers and decreased range of motion. The potential future plan of care included possible improvement from corticosteroid injections, physical therapy, and left shoulder rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits qty:42.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm.

**Decision rationale:** The claimant presented with chronic left shoulder pain. Previous treatments include medications, chiropractic, and physical therapy. While MTUS guidelines might recommend up to 18 chiropractic visits for low back pain if there are evidences of objective functional improvement, it does not address chiropractic manipulation treatment for the shoulder. Official Disability Guidelines might recommend up to 9 chiropractic visits over 8 weeks for shoulder sprain/strain. The request for 42 chiropractic visits exceeded all evidences based guidelines recommendation. Therefore, it is not medically necessary.