

<b>Case Number:</b>	CM15-0090829		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Oriental 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 59 year old female, who sustained an industrial injury on 02/01/2011. She has reported subsequent neck, wrist and elbow pain and was diagnosed with sprain/strain of the cervical spine, tendinitis of the bilateral wrists, bilateral elbow lateral epicondylitis and left ulnar neuritis. Treatment to date has included oral pain medication and surgery. On 04/15/2015, the injured worker had arthroscopic subacromial decompression of the right shoulder, distal clavicle resection and extensive debridement of partial thickness undersurface and superior labrum degenerative tears of the right shoulder. In a progress note dated 04/21/2015, the injured worker complained of right shoulder soreness. Objective findings were notable for decreased range of motion of the right shoulder. A request for authorization of post-operative chiropractic therapy with myofascial release 3 x a week x 4 weeks was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Chiropractic care - modalities/myofascial Release 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): pages 58/59, Postsurgical Treatment Guidelines Page(s): CAMTUS 9792.24.23: Chronic Pain; post surgical treatment guidelines.

**Decision rationale:** The UR determination of 5/5/15 denied post operative manipulation of the patient shoulder citing CAMTUS Chronic Treatment Guidelines. The reviewed records report post op PT initiated by Southern California Sports Rehabilitation 3x4. The reviewed medical records that followed the initiation of physical therapy did not establish the medical necessity for initiation of manual therapy concurrently with manipulation; care as requested was not supported by referenced CAMTUS Chronic/Post Surgical Guidelines. The request is not medically necessary.