

<b>Case Number:</b>	CM13-0006998		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/10/1999
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old female who sustained a work-related injury on 02/27/2011. The clinical information indicates the patient has been treated with physical therapy, chiropractic therapy, and surgical intervention in the past. The most recent progress report dated 06/04/2013 revealed subjective complaints of cervical spine pain and left shoulder pain with loss of range of motion. Objective findings revealed trigger points to the cervical spine, tenderness to palpation, and positive Hawkins Kennedy test. The treatment plan included recommendation of chiropractic therapy, trigger point myotherapy, and adjunctive treatment to aid in functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional Chiropractic for bilateral shoulder one (1) time a week for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) disability duration

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:**