

<b>Case Number:</b>	CM13-0030728		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in Texas. 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/services.

### 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 40 year old female who sustained a work-related injury on 6/12/11. The patient has complaints of neck, low back and left shoulder pain as documented on 10/26/13. The patient stated the pain from her left shoulder radiates up her neck and down her arm to her left hand. The patient stated her low back pain radiated down her left leg. The patient had left shoulder impingement syndrome noted. The patient was declared to have reached maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**chiropractic treatment three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The guidelines recommend manual therapy for patients with chronic pain, if it is caused by musculoskeletal conditions. The patient does not have documented findings of a musculoskeletal condition. Furthermore, the guidelines state the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains. The patient was determined to have reached maximum medical improvement. Given the information submitted for review, the request is non-certified.

