

<b>Case Number:</b>	CM13-0036843		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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, 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 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. 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 43 year old female with chronic right shoulder strain, neck and upper back pain due to an injury that took place 6/14/13. Previous treatments included ice, medications, physical therapy, arthroscopic surgery (10/25/13), chiropractic, physiotherapy, and therapeutic exercises. A progress report dated 9/26/13 by [REDACTED] revealed constant, moderate to severe pain in right shoulder; intermittent, mild to moderate pain on left shoulder; frequent, moderated neck pain with stiffness with slight improvement; frequent and moderate upper back pain and stiffness, ongoing. The exam revealed severe palpable tenderness on right shoulder, decreased ROM, positive Codman's sign, positive Apley Scratch, positive Apprehension, moderate palpable tenderness on left shoulder, decreased ROM, moderate palpable tenderness in the cervical spine, decreased range of motion, positive shoulder distraction, moderate to severe palpable tenderness in thoracic spine, hypertonic paraspinal muscle, and positive Kemp's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**therapeutic exercises, spinal manipulation, physiotherapy/physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The available medical records show that this patient has already had 12 prior chiropractic treatments with physiotherapy with no evidence of objective functional improvement. Without evidence of functional improvement, the request for additional treatments is not warranted. Therefore, based on the MTUS guidelines, the request is not medically necessary.