

<b>Case Number:</b>	CM13-0039669		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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. 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 48-year-old female who reported injury on 10/10/2011. The mechanism of injury was noted to be the patient was working on a ladder, putting away dishes and plates on a shelf, and a platter fell, striking the patient. The patient was noted to have undergone medications, ointments, physical therapy, chiropractic care and a lumbar back brace. The diagnoses per the AME were severe disc degeneration of the cervical spine, radicular pain of the bilateral upper extremities, lumbar disc syndrome with radiculopathy, bilateral lower extremities, and rule out impingement syndrome, right shoulder and obesity. The submitted request was for 12 Chiropractic Therapy Sessions for the bilateral Shoulders between 9/5/2013 and 11/4/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment of the shoulders (12 sessions):** Upheld

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

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

**Decision rationale:** Per California MTUS Guidelines, manual therapy is recommended initially in a therapeutic trial of 6 sessions with objective functional improvement, for a total of up to 18

visits over 6 to 8 weeks. There was a lack of documentation indicating the quantity of sessions of chiropractic care the patient had previously received. Additionally, there was a lack of documentation of objective functional improvement and remaining functional deficits to support ongoing therapy of chiropractic care. The clinical documentation failed to include the note of 09/05/2013. Given the above, the request for 12 Chiropractic Therapy Sessions for the bilateral Shoulders is not medically necessary or appropriate.