

<b>Case Number:</b>	CM13-0045785		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Board Certified in Chiropractics 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 60 year old female who injured her low back and shoulder on 11/25/2012 while performing his duties as a department store employee. Per the specialty physician's follow-up evaluation, the patient continues to have right shoulder c-spine pain with some numbness in right hand taking meds using cream with benefit also has pain in the back right foot numbness. The patient has been treated with medications and chiropractic care. Diagnoses assigned by the PTP for the lumbar spine are not found in the records. Diagnostic imaging records are not found in the materials provided for review. The PTP is requesting 6 sessions of manipulation with physiotherapy to the lower back and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC MANIPULATION AND PHYSIOTHERAPY FOR THE LUMBAR SPINE (6 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definitions page 1.

**Decision rationale:** Without the chiropractic care records, it is not possible to see if past chiropractic care has been helpful. The patient has been treated with chiropractic care in the past per the records provided. Objective functional improvement as described by MTUS is not present in the records. The MTUS-Definitions page 1 defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment. The records provided in this case are very limited. The PTP describes some Improvements with past treatment but no objective measurements are listed. The chiropractic care records are not present in the materials provided for review. I find that the 6 chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.

**CHIROPRACTIC MANIPULATION AND PHYSIOTHERAPY FOR THE SHOULDER (6 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Definitions page 1.

**Decision rationale:** The patient has been treated with chiropractic care in the past per the records provided. Objective functional improvement as described by MTUS is not present in the records. The MTUS-Definitions page 1 defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment. The records provided in this case are very limited. The PTP describes some Improvements with past treatment but no objective measurements are listed. The chiropractic care records are not present in the materials provided for review. I find that the 6 chiropractic sessions requested to the right shoulder to not be medically necessary and appropriate.