

<b>Case Number:</b>	CM13-0046046		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/16/2013
<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 a Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is Board Certified in Chiropractor 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:

This is a 50-year-old female who sustained injury on 03/25/2013 while retrieving a handbag from a high shelf and fell sustaining injury to her neck and right shoulder. A note dated 05/09/2013 by [REDACTED] indicates she was started on physical therapy which increased her pain. On physical exam, ROM (range of motion) of right shoulder was decreased and normal right wrist and elbow ROM. Positive impingement, Tinel and Phalen tests on right. On cervical spine exam, there was paravertebral muscle tenderness and spasms sensation was reduced in right median nerve distribution ROM of cervical spine was limited. Muscle testing was 5/5, reflexes were 2+ in upper extremities, negative cervical compression and Spurling tests. Plan was to continue a course of physical therapy. A follow-up note dated 09/12/2013 indicates that she had EMG/NCS (electromyogram and nerve conduction studies) done that showed mild carpal tunnel syndrome. She has completed physical therapy but continues to have weakness on the right hand pain in right shoulder and neck. On cervical spine exam, there was paraspinous muscle tenderness and spasm ROM was restricted. Sensation reduced in right median nerve distribution. Motor strength was grossly intact. DTRs normal and symmetrical. On right shoulder exam, there was tenderness to palpation over anterior shoulder. ROM was restricted in flexion and abduction. Positive Impingement sign. On right wrist exam, there was reduced grip strength and sensation reduced in median nerve distribution. She was diagnosed with cervical radiculopathy, right shoulder impingement syndrome, right elbow epicondylitis, right ulnar neuropathy of the elbow, and right carpal tunnel syndrome. Treatment plan included MRI of cervical spine and right shoulder, chiropractic care 3 times a week for 4 weeks for neck and right shoulder, and given prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times a week for 4 weeks to Neck and Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** This 50-year-old female is having persistent pain and stiffness in her neck and right shoulder. The provided has requested chiropractic care 3 times a week for 4 weeks. However, there is no documentation in the records that she has tried an initial trial of 6 visits over 2 weeks with documentation of functional improvement as required per the Chronic Pain Medical Treatment Guidelines. Therefore, the request for chiropractic care 3 times a week 4 weeks for cervical and lumbar spine is non-certified.