

<b>Case Number:</b>	CM13-0052000		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Licensed in Chiropractics 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 injured worker is a 62-year-old male who reported an injury on 11/15/2011. The mechanism of injury involved heavy lifting. The injured worker has been treated with physical therapy, medications, and a cortisone injection. The injured worker also underwent a right shoulder open rotator cuff repair on 02/19/2013. The injured worker reported persistent cervical spine pain with radiation to bilateral upper extremities as well as lumbar pain. Physical examination revealed diminished cervical range of motion, decreased sensation along the median nerve territory of the right hand, decreased shoulder range of motion bilaterally, tenderness to palpation of the medial epicondyle and lateral epicondyle bilaterally, positive Tinel's testing, diminished elbow range of motion bilaterally, decreased wrist range of motion bilaterally, diminished range of motion of the lumbar spine, decreased sensation on the lateral aspect of the right thigh, and positive straight leg raising bilaterally. The injured worker is diagnosed with cervical spine strain, status post right shoulder rotator cuff repair, left shoulder strain and impingement, right elbow strain, left elbow strain, bilateral wrist strain with De Quervain's, lumbar spine strain, and rule out stress, depression, anxiety, and insomnia. Treatment recommendations at that time included chiropractic therapy 3 times per week for 4 weeks to the cervical spine, bilateral shoulders, elbows, and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT FOR THE RIGHT SHOULDER (12 SESSIONS):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. Additionally, the current request for 12 sessions of chiropractic therapy exceeds guideline recommendations for a therapeutic trial of 6 visits over 2 weeks. Based on the clinical information received, the request is non-certified.