

<b>Case Number:</b>	CM13-0055796		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Care 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 physician 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 57 year old female who reported an injury on 01/18/2012 when the person in the passenger seat jumped into the driver's seat and began to hit, grab and pinch the patient which resulted in pain to the right chest, left shoulder, arm and neck. The patient underwent 8 sessions of physical therapy for neck pain which were beneficial and chiropractic care. The patient underwent left rotator cuff repair in late 2012. Medications included Norco 10/325mg and Baclofen 10mg. The diagnostic studies included an MRI of the cervical spine performed on the 07/19/2013 which revealed very mild cord compression on the left at C3-4; very mild cord compression centrally at C4-5, C5-6 and C6-7; neural foraminal stenosis severe on the right at C5-6 and C6-7; neural foraminal stenosis moderately severe on the right at C4-5; straightening of the cervical segment is most likely due to splinting and the C5-6 and C6-7 discs are generated occurrences discs space narrowing. A clinic note dated 03/28/2013 indicates patient complained of left shoulder pain in the follow up visit from surgery. The left shoulder inspection revealed no obvious deformity, erythema, soft tissue swelling, ecchymoses or gross atrophy; palpation; mild tenderness; range of motion is moderately decreased. The right shoulder has no obvious deformity. The shoulder has no tenderness, crepitance, warmth or palpable deformity. Range of motion is normal. A clinic note dated 04/18/2013 examined by [REDACTED] revealed patient has normal spontaneous motions in left shoulder. Abduction is approximately 40° and external rotation has improved approximately 20° from center. A clinic note dated 05/09/2013 indicates left shoulder had no obvious deformity, erythema, soft tissue swelling, ecchymosis or gross atrophy. Strength has slightly decreased. The right shoulder had no obvious deformity, erythema, soft tissue swelling, ecchymosis or gross atrophy. Shoulder range of motion and strength is normal. A clinic note dated 10/25/2013 indicates patient's chief complaint was neck pain. The physical exam revealed mild neck pain with rotation and no splinting. The medications from

Owen's Court Pharmacy included Baclofen 20mg. The current request is for chiropractic treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**A course of chiropractic treatments:** 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 Section Page(s): 58-60.

**Decision rationale:** As per California MTUS chronic pain medical treatment guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Additionally, guidelines recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period." As per the records provided for review, this patient was treated with chiropractic care previously but there is no documentation of how many visits patient already completed or the treatment resulted in any objective functional improvement. Additionally, the request is for chiropractic treatment, but the request has no mention about the total number of visits requested. Thus, the request for course of chiropractic treatment is non-certified due to insufficient information available for review.