

<b>Case Number:</b>	CM13-0057917		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/04/2008
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 a licensed 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:

The injured worker is a 68-year-old female who reported an injury on 03/04/2008. The mechanism of injury was not provided in the medical records. The injured worker complained of pain to the mid cervical spine and lower cervical spine. She stated that she had been receiving therapy for her shoulder symptoms with some improvement, but continued to encounter pain. In addition to her shoulder symptoms, she had been encountering neck and upper back symptoms. The injured worker currently rated her pain at 5/10, which exacerbates to a 6/10 to 7/10 with increased sitting for long periods of time. Objective findings included passive cervical distraction maneuver alleviating neck pain to be positive from C4-7. Maximum cervical compression test attempting pain reproduction was noted to be positive bilaterally, localized pain in the cervical spine from C4-7. Speed's shoulder flexion resistance test for biceps tendinitis was noted to be positive on the right. There was noted to be moderate loss of motion of C4, C5, C6, and C7 bilaterally. The injured worker was noted to have moderate stiffness to the occipital muscles bilaterally, posterior neck muscles bilaterally, and the trapezius muscle bilaterally. The injured worker was also noted to have moderate stiffness to the posterior shoulder muscle, anterior and middle deltoid muscle, and shoulder girdle muscle on the right. Muscular strength of the cervical spine and lumbar spine was noted to be +5/5 bilaterally. Active range of motion of the cervical spine revealed extension 35 degrees, flexion 35 degrees, left lateral flexion 25 degrees, right lateral flexion 25 degrees, left rotation 50 degrees, and right rotation 50 degrees. Active range of motion of the shoulder revealed right abduction 130 degrees, right adduction 35 degrees, right extension 25 degrees, right flexion 135 degrees, right external rotation 65 degrees, and right internal rotation 65 degrees. The injured worker was diagnosed with degeneration of cervical intervertebral disc. Past medical treatment included physical therapy, chiropractic treatment, medication, TENS unit, and creams. A request for continued chiropractic sessions, 4

sessions for the cervical and right shoulder, has been made due to continuation of symptoms. The clinical note from when the treatment was requested was not provided.

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

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

#### **CONTINUED CHIROPRACTIC SESSIONS, FOUR (4) SESSIONS FOR THE CERVICAL AND RIGHT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/ Shoulder, Manipulation

**Decision rationale:** According to the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The Official Disability Guidelines further state cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable beyond 2 weeks to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. California MTUS Guidelines do not address number of chiropractic therapy sessions for the neck and shoulder. The Official Disability Guidelines (ODG) Chiropractic Guidelines for regional neck pain are recommended at 9 visits. Sprains and strains of the shoulder and upper arm are recommended at 9 visits. The documentation submitted for review indicated the injured worker has been receiving therapy for her shoulder symptoms. The injured worker had mentioned that her shoulder has shown some improvement, but she continues to encounter pain. The injured worker has also been noted to have participated in previous chiropractic therapy. However, due to the absence of details regarding previous chiropractic therapy treatment, such as number of visits completed, duration of treatment, and measurable objective functional gains made throughout those chiropractic therapy sessions, the request for additional chiropractic therapy is not supported. The request for continued chiropractic sessions, four (4) sessions for the cervical and right shoulder is not medically necessary and appropriate.