

<b>Case Number:</b>	CM13-0069394		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/21/2013

### 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 Chiropractor 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 reported an injury on 10/20/2010. The mechanism of injury was a fall. A physical examination on 05/10/2013 documents her complaint of intermittent right shoulder pain and crackling. She stated that her right shoulder pain radiates to her right hand and fingers causing numbness on occasion. The physical findings included tenderness with palpation over anterior and lateral aspects of her right shoulder, a positive Neers, positive Hawkins and positive O Brian's. The examination of the bilateral hips are without tenderness. Range of motion for her right shoulder at the time of this visit was 129 degrees flexion, 25 degrees extension, 120 degrees abduction, 48 degrees adduction, 72 degrees external rotation and 52 degrees internal rotation. Range of motion of the lumbar spine was 36 degrees flexion, 18 degrees extension, 21 degrees left lateral bending and 24 degrees right lateral bending. She had diagnostic studies including xray, MRI, EMG/NC. This injured worker has been diagnosed with chronic right L5 radiculopathy and chronic left L4 radiculopathy. There was no electrodiagnostic evidence of generalized peripheral neuropathy seen in the lower extremity nerves tested on 05/07/2013. A request for authorization for medical treatment was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 3 X WK X 4 WKS LUMBAR SPINE AND RIGHT SHOULDER:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

**Decision rationale:** The injured worker has reported chronic pain in right shoulder and low back. There was a physical evaluation on 05/10/2013 that documents range of motion deficits and diagnostic studies to support radiculopathy. The MTUS chronic pain medical treatment guidelines page 58 recommend manual therapy and manipulation 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Guidelines recommend an initial trial of 6 visits over 2 weeks and up to 18 visits with evidence of objective functional improvement. The request for 3 times a week over 4 weeks exceeds the guidelines trial of 6 visits over 2 weeks. Therefore, the request for Chiropractic 3 x wk x 4 wks Lumbar Spine and Right Shoulder is not medically necessary and appropriate.