MAXIMUS Federal Services

| Case Number: | CM13-0069842 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/05/1997 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

## 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 Licensed 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:

The patient is a 56 year old male who was injured on 07/05/1997 involving the bilateral shoulder. Mechanism of injury is unknown. Prior treatment history has included approximately 42 visits of chiropractic care. Diagnostic studies reviewed were not included for review. Chiropractic treatment was given from 03/06/2013 through 08/19/2013 however the notes are not legible. Progress report dated 08/19/2013 documented the patient to have complaints of tightness and pain in the upper thoracic spine and cervical spine as well as bilateral shoulder pain anterior. Objective findings on exam included decreased range of motion on the right with pain. Abnormal C5-C7, T3, T4, T10 and T12. Palpation revealed a spasm in the right cervical dorsal region and upper thoracic spinal musculature. Progress report dated 10/08/2013 documented the patient to have complaints of right shoulder pain of which with exertion foes from a 3 to 8 out of 10. Sleeping is aggravating his condition. Objective findings on exam included decreased shoulder range of motion on the right with pain. Decreased cervical ROM. Weakness in right grip strength when compared to left. Weakness of wrist flexors and extensors on the right. Abnormal joint motion C2-C5, T1-T4 and T12. +Shoulder depressor, decreased triceps and deltoid on the right. Positive Yeoman's on the right. Diagnoses: 1) Cervicobrachial syndrome; 840.0 segmental dysfunction. 2) Cervical muscle spasm; 739.8 thoracic rib segment dysfunction. 3) Rotator cuff syndrome-shoulder; 728.0 paresthesia elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation with myofascial release and muscle stim once per week for six weeks:** 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 9792.21. Medical Treatment Utilization Schedule; 9792.25 Presumption of Correctness, Burden of P.

**Decision rationale:** The Expert Reviewer's decision rationale: The request is for chiropractic treatment one time week for 6 weeks (total 6 sessions) to include MFR and EMS. As per the CA MTUS guidelines, it is recommended for musculoskeletal pain with intended goal to achieve positive symptomatology or objective measurable gains in functional improvement that facilitate progression in the patient and return to productive activities. Manipulation helps moving a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Many Chiropractors utilize both MFR as well as EMS synergistically to aid in accomplishing these goals. This patient has been treated using Chiropractic treatment/techniques a total of 42 times within a period of only five months (3/16/2013--08/19/2013) with little if any improvement documented. This far exceeds the guidelines which recommend frequency of 1 to 2 times per week for first 2 weeks and then treatment may be continued at 1 treatment per week for the next 6 weeks depending on severity of the condition with maximum duration of 8 weeks. At week 8, the patient should be reevaluated for continued treatment. The requested treatment of 6 sessions exceeds the guidelines recommended number of treatments. Therefore, the request is non-certified.