

<b>Case Number:</b>	CM13-0071753		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Licensed 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 is a 59 year old male with a reported date of injury on 06/24/2013. The injury reportedly occurred when the worker bent over to pick up a box. The injured workers diagnoses included left shoulder sprain and strain, as well as left Shoulder rotator cuff injury. The injured worker received 6 acupuncture treatments. According to the progress note dated 08/22/2013 the injured worker has a history of physical therapy that "did not work". The injured worker had an MRI performed on 10/09/2013; the report was not available for review with the clinical documents provided. The progress note dated 12/05/2013 stated that the injured worker had "decreased" left shoulder range of motion, and motor strength was rated at 5/5. The injured worker reported 7/10 pain. The injured workers medication regimen included Ibuprofen and Flexeril. According to the physicians progress note the injured worker stated he did not want to utilize an orthopedic surgeon, but instead wanted to "try" chiropractic treatment. The request for authorization for chiropractic treatment 6 visits neck/left shoulder was submitted on 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 6 VISITS NECK/LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MANUEL THERAPY AND MANIPULATION Page(s): 58-59.

**Decision rationale:** According to CA MTUS chronic pain guideline, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. According to the guidelines if chiropractic treatment is going to be effective, there should be subjective or objective functional improvement with the first 6 visits. Per the clinical documentation provided the MRI revealed the injured worker has a rotator cuff injury, and the injured worker has been referred to an orthopedic surgeon. The injured worker stated he did not want to utilize an orthopedic surgeon, but instead wanted to "try" chiropractic treatment. There is a lack of documentation provided to indicate functional deficits. There is a lack of clinical exam findings included in the documentation provided including a range of motion assessment and strength assessment. Therefore, the request is not medically necessary.