

<b>Case Number:</b>	CM13-0072049		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 56-year old female who reported injury on 2/2/01. The mechanism of injury was not provided for review. The diagnosis was rotator cuff rupture. The documentation indicated the injured worker had mild anterior laxity in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOUR VISITS OF ACTIVE RELEASE THERAPY/ CHIROPRACTIC CARE FOR THE CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS indicates that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment beyond 4-6 visits should be documented with objective improvement in function. Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. They do not specifically address therapy for the neck. As such secondary guidelines were sought. The Official Disability Guidelines

indicate that treatment for neck pain is 9 visits. The clinical documentation submitted for review indicated the injured worker had prior chiropractic care and active release therapy; however, there was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of the quantity of sessions that were attended. There was a lack of documentation of exceptional factors to warrant continuation of manual therapy. Given the above and the lack of documented objective functional benefit received from prior chiropractic care, the request is not medically necessary.