

<b>Case Number:</b>	CM14-0105138		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 45-year-old female with a 3/18/14 date of injury, when a student placed the patient's hands on her shoulders and squished them hard causing neck pain and flare-up of a prior left shoulder condition. The UR decision dated 5/13/14 indicated that the patient was approved for 6 chiropractic sessions. The patient was seen on 7/24/14 with complaints of tension in the cervical muscles and pain radiating to the shoulders. Exam findings of the cervical spine revealed flexion 40 degrees, extension 20 degrees, right rotation 60 degrees and left rotation 20 degrees. The patient had spasm in the trapezius muscle and compression test was negative. The diagnosis is shoulder and arm sprain/strain and cervicalgia. Treatment to date: work restrictions, chiropractic sessions and medications. An adverse determination was received on 07/02/14 given that there was a lack of documentation indicating significant functional improvement after the previous chiropractic treatments and that the shoulder ranges of motion were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the neck and both shoulders, 2 times a week for 4 weeks, QTY 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Pages 106, 111, and 115.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter); (Shoulder Chapter).

**Decision rationale:** The MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, the ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. The MTUS does not address chiropractic treatment of the shoulder. The ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The UR decision dated 5/13/14 indicated that the patient was approved for 6 chiropractic treatments for the cervical spine and both shoulders. However, there is a lack of documentation indicating how many sessions the patient completed. There is no evidence of subjective and objective functional gains with the treatment and there is no rationale with regards to the additional 8 chiropractic sessions. Therefore, the request for Chiropractic treatment for the neck and both shoulders, 2 times a week for 4 weeks, QTY 8 sessions was not medically necessary.