

<b>Case Number:</b>	CM14-0107393		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/01/2005
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine & 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 69-year-old male who reported injuries after being hit in his right neck and shoulder by a heavy falling object on 04/01/2005. On 01/14/2014, his diagnoses included right cervical brachial syndrome, right shoulder tendinitis/bursitis, left lumbar sacralgia, and knee pain. The injured worker had an unknown number of chiropractic treatments beginning on 12/07/2013. The treatments were directed at his cervical and thoracic spine, and his right shoulder. The rationale given for the requested chiropractic treatments stated that the injured worker was feeling generally good pain relief and improvement with the current course of chiropractic treatment. He stated that his pain goes down to 0 on treatment days then goes back up to 4/10 to 6/10 pain intensity in 3 to 5 days. The treating physician further stated that the treatments he received gave him good temporary relief and increased strength and mobility for up to 5 days then his pain would slowly build back up to 8/10 with limited ADLs. A Request for Authorization dated 06/16/2014 was included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro-Physio therapy one time every 2 weeks for 12 weeks for cervical, lumbar and right 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 Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS Guidelines recommend chiropractor treatment for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. A trial of 6 visits over 2 weeks with evidence of objective functional improvement must be seen. The maximum duration of treatment is 8 weeks. It is unclear from the submitted documentation how many sessions of chiropractic therapy the injured worker had already received over an unknown period of time. The documentation did show, however, that any pain relief or functional benefit that he received, which was not quantified, was just temporary and transient in nature. The clinical information submitted failed to meet the evidence based guidelines for continued chiropractic treatment. Therefore, this request for Chiro-Physio therapy one time every 2 weeks for 12 weeks for cervical, lumbar and right shoulder is not medically necessary and appropriate.