

<b>Case Number:</b>	CM14-0110080		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic 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 injured worker is a 58 year old individual with an original date of injury of 2/15/12. The injury occurred when the patient climbed on top of a filing cabinet to reach a higher location. The patient lost balance and fell backwards injuring the back, neck, shoulders, head, left elbow, legs and both knees. The patient has had surgery on the left knee. The injured worker has undergone 6 approved chiropractic treatments and 8 physical therapy treatments. There is no documented objective, functional improvement from the chiropractic care. In fact, a progress reports on 5/25/12 indicated the patient was feeling worse and there was no change in the examination findings. The disputed issue is a request for 12 additional chiropractic and physiotherapy treatments for the bi-lateral shoulders and left knee. Chiropractic treatment for the knee is not recommended by the Guidelines. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA Medical Treatment Guidelines (MTUS) and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments bilateral shoulders #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Chiropractic guidelines;

Sprains and strains of shoulder and upper arm; Physical Therapy (PT) Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Sprains and strains of the Shoulder and Upper Arm.

**Decision rationale:** Since the CA MTUS Guidelines are not specific regarding chiropractic treatment for the shoulder, the Official Disability Guidelines are utilized. ODG recommends 9 chiropractic treatments for the shoulder. The patient had already been treated with 6 chiropractic treatments; however there is no documented objective, functional improvement from these treatments. The request for 12 additional chiropractic treatments for the bi-lateral shoulders are not medically necessary.

**Physiotherapy treatments left knee #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Sprains and strains of the Knee.

**Decision rationale:** Since the CA MTUS Guidelines are not specific regarding physiotherapy treatment for the knee, the Official Disability Guidelines are utilized. ODG recommends 9 physiotherapy treatments for the knee. The patient had already been treated with 8 physiotherapy treatments; however there is no documented objective, functional improvement from these treatments. The request for 12 additional physiotherapy treatments for the knee are not medically necessary.

**Chiropractic treatments left knee #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Sprains and strains of the Knee.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. There has been prior chiropractic treatments and physical therapy, without documented objective, functional

improvement. CA MTUS Guidelines do not recommend chiropractic care for the knee. The request for 12 additional chiropractic treatments for the left knee are not medically necessary.

**Physiotherapy treatments bilateral shoulders #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines; Chiropractic guidelines; Sprains and strains of shoulder and upper arm; Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Sprains and Strains of the Shoulder and Upper Arm.

**Decision rationale:** Since the CA MTUS Guidelines are not specific regarding physiotherapy for the shoulder, the Official Disability Guidelines are utilized. ODG recommends 9 physiotherapy treatments for the shoulder. The patient had already been treated with 8 physiotherapy treatments; however there is no documented objective, functional improvement from these treatments. The request for 12 additional physiotherapy treatments for the bi-lateral shoulders are not medically necessary.