

<b>Case Number:</b>	CM14-0136218		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/11/1998
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 patient is a 62 year old female who injured her neck, shoulders and low back on 4//1998. This is a cumulative trauma injury. The patient is status post-surgery for the left shoulder (rotator cuff repair 2001, 2003) and status post right carpal tunnel release (1999). For her subjective complains, per the PTP's progress report, the patient states "with medications the low and mid back pain is 4 out of 10 and bilateral upper extremities is intermittent with numbness and tingling while pain is 4 out of 10. Without medication the pain is 7 out of 10 for all treated body parts." The patient has been treated with medications, physical therapy, surgery, acupuncture and home exercises. The diagnosis assigned by the PTP are cervical radiculopathy, cervical facet syndrome, shoulder pain and cervical pain. An MRI study of the cervical spine has shown multilevel facet hypertrophy at C4-5 and degenerative disc disease with no disc herniation. No evidence of spinal or neural foraminal stenosis is seen with the cervical MRI. There is no EMG/NCV study on record. The PTP is requesting a trial of 12 chiropractic treatments to the neck, bilateral shoulders and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Chiropractic Times 12 Sessions for Low Back and Bilateral Shoulders:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder and Low Back Chapter, Manipulation Sections

**Decision rationale:** This is a chronic case. The patient has injuries to her neck, upper back, lower back, shoulders and wrists. This is a post-surgical case for the shoulder. According to the records provided the patient has never received chiropractic care for her injuries. The MTUS Postsurgical Treatment Guidelines for rotator cuff syndrome recommends post-surgical physical medicine treatment of 24 visits over 4 weeks. The MTUS ODG Low Back and Neck Chapters recommend a trial run of 6 sessions of chiropractic care over 2 weeks. Given that this is a trial of chiropractic care and that the requested treatment includes the post-surgical shoulder, the requested 12 Chiropractic Sessions to the neck, bilateral shoulders and lumbar spine are medically necessary and appropriate.