

<b>Case Number:</b>	CM14-0159866		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 47 year old individual with an original date of injury of 1/10/13. The mechanism of this industrial injury occurred when the patient sustained injuries to the shoulder and wrists after pushing a box filled with oranges. An MRI on 3/4/14 reported acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis. The patient has shoulder surgery. On 7/1/14, the patient complained of right shoulder pain as 6/10 VAS. It is not clear whether the injured worker has undergone chiropractic treatments prior to this request. The disputed issue is a request for 12 chiropractic treatments. 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 MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

**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. It remains unclear whether the patient has already received chiropractic treatments prior to this request. If there has been chiropractic treatment, there is insufficient documented objective, functional improvement to support additional treatment. Without additional information, the request is not supported. The request for 12 chiropractic treatments is non-certified.