

<b>Case Number:</b>	CM14-0184187		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 50 year old female with a date of injury of 4/1/2013. She has a widespread chronic pain syndrome including the neck, both shoulders, thoracic, and lumbar spine, both hands and wrists associated with numbness and tingling in all 5 fingers of both hands, and evidence of impingement and adhesive capsulitis of the left shoulder that responded to 9 physical therapy sessions with significant improvement in the range of motion. She received chiropractic treatment for the lower back with improvement in the pain levels. No diagnostic testing is submitted; however, the progress notes mention cervicothoracic arthrosis, left shoulder adhesive capsulitis, right shoulder impingement, bilateral carpal tunnel syndrome, lumbosacral strain, and sleep disturbance. The disputed issues pertain to a request for 8 additional visits for chiropractic treatment for the lower back, and 12 additional sessions of physical therapy for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment; eight additional visits:** 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 Page(s): 59.

**Decision rationale:** Chronic pain guidelines recommend a trial of 6 chiropractic visits over 2 weeks for the lower back. With evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks may be recommended. The documentation submitted does not include evidence of objective functional improvement. The notes do not mention the number of chiropractic visits utilized. No change in the functional status with regard to work is noted in the notes of 8/14/2014 and 10/09/2014. With absence of any additional objective functional improvement, transition to a home exercise program should be sufficient at this time. As such, the request for additional 8 chiropractic visits is not medically necessary.

**Physical therapy; twelve additional sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The notes indicate that the worker has regained left shoulder motion and no additional objective functional improvement is expected. Flexion of both shoulders was 175 degrees; internal rotation was to T4 on the right and T6 on the left. External rotation was 50 degrees bilaterally. Strength was 5/5. A transition to an active home exercise program should be sufficient to maintain the range of motion and strength. Patients are expected to continue active therapies at home. The request for additional 12 physical therapy sessions is therefore not medically necessary.