

<b>Case Number:</b>	CM14-0184350		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/13/2014
<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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 59 year old male who sustained an industrially related injury on March 30th, 2009 involving his right shoulder and neck. He has ongoing complaints of shoulder and neck pain with paresthesia in his bilateral hands. The latest available physical examination (8/19/14) in the provided medical records details reduced range of motion in the cervical spine, normal range of motion in the right shoulder, no neurological findings are noted. The treating physicians' progress note that the patient reports a subjective improvement of 75% in his right shoulder; however, there is no definition of this improvement provided and no objective findings provided to establish improvements. There are references to prior use of manipulative therapies; however, there is not included in the available record any reference to the start date or length of this therapy. This request is for chiropractic and physical therapies with a conditioning program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMT, PT, MFR and work conditioning exercises to right shoulder (sessions) Qty: 6:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures, Manual Therapy & Manipulation Pag.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** In reference to manipulative therapies MTUS guidelines state they are "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. This available medical record provides no description of objective measurable gains and makes no mention of an ongoing exercise program. Regarding length of treatment MTUS states: a. Time to produce effect: 4 to 6 treatments; b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks; c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Again there is no documentation in the available record detailing any specific objective improvements. There is likewise no documentation of any current exacerbation or re-injury. As such, this request is deemed not medically necessary.