

<b>Case Number:</b>	CM14-0022665		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 49-year-old female was reportedly injured on August 16, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 2, 2014, stated the injured employee has finished the last visit of chiropractic care. There were ongoing complaints of right shoulder pain and numbness in the right hand. Terocin patches were stated to be helping with the numbness. The physical examination demonstrated a positive Spurling's test to the right side and a positive right shoulder impingement test. There was full range of motion of the right shoulder, and no sensory deficits noted in the right hand. Previous medications refilled and additional chiropractic treatment was recommended due to numbness. A request had been made for additional chiropractic care and physical therapy of the neck and right shoulder and was not certified in the pre-authorization process on February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT ADDITIONAL CHIROPRACTIC AND PHYSICAL THERAPY SESSIONS, NECK/RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : MTUS Chronic Pain Page(s): 58-59.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of manual therapy such chiropractic care is not indicated for usage other than for low back pain. Additionally, the injured employee has previously participated in physical therapy and should be well versed in what is expected of physical therapy of the neck and shoulder. Therefore, continued therapy can be done at home as a home exercise program.