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| <b>Case Number:</b>   | CM14-0023619 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 03/15/2013 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 01/23/2014 |
| <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 licensed in Chiropractics 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 66-year-old female who reported an injury on 03/15/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 01/09/2014 indicated diagnoses of left shoulder impingement syndrome, rule out rotator cuff tear; left wrist contusion; lumbar strain, rule out radiculopathy; and rule out left anterior tibiofibular tear in the ankle. The injured worker reported aggravated pain in her left foot. She reported discomfort and pain when she walked. On physical exam of the left shoulder, there was tenderness to palpation upon the anterior shoulder with decreased range of motion on flexion and abduction, and there was a positive impingement sign. The injured worker's left wrist, first dorsal compartment was tender to palpation, and the joint line was tender to palpation. The injured worker resisted dorsiflexion which produced pain. On examination of the lumbar spine, there was tenderness to palpation with the paravertebral muscles, and spasms were present. Range of motion was restricted; however, motor strength and sensation were grossly intact. Deep tendon reflexes were normal, and straight leg raise test was positive bilaterally. The injured worker's left ankle anterior tibiofibular ligament was tender to palpation; however, the range of motion was normal. The injured worker reported improvement with a trial course of chiropractic treatment and reported that she was seeing improvement in her left shoulder symptoms with chiropractic care. The injured worker's prior treatments included chiropractic therapy and medication management. The provider submitted a request for additional chiropractic treatment 3 times a week for 4 weeks for the left shoulder, wrist, ankle and low back. The injured worker's medication regimen included ketoprofen and omeprazole DR. The Request for Authorization was not submitted for review, to include the date that the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL CHIROPRACTIC TREATMENT THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER, WRIST, ANKLE AND LOW BACK:**  
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 manipulation Page(s): 60.

**Decision rationale:** The request for additional chiropractic treatment three (3) times a week for four (4) weeks for the left shoulder, wrist, ankle and low back is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state at week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The guidelines also indicate in these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. 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. The guidelines also state treatment beyond 4-6 visits should be documented with objective improvement in function. There is a lack of quantified pain relief and functional improvement with associated reduction of medication use. In addition the guidelines do not recommend chiropractic therapy for the ankle or wrist. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request is not medically necessary.