

<b>Case Number:</b>	CM14-0023943		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Chiropractic Care 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 30-year-old female who reported an injury on 03/18/2011. She reported that a stack of flower boxes fell onto her head and left shoulder/forearm, which led to an increase in chronic neck pain from a previous injury. It was noted that there was neck stiffness and tenderness in the posterior cervical and lower cervical and lower trapezius with muscle spasms in the trapezius muscles. There was also tenderness in the left upper arm deltoid. A diagnosis included a concussion and cervical sprain/strain and contusion of the left upper arm. An MRI of the cervical spine on 05/01/2011 showed minimal degenerative disc changes C4-5 and C6-7; a one (1) mm disc bulge at C4-5; one to two (1-2) mm disc bulge at C5-6; and one (1) mm disc bulge at C6-7. Neural foramina and central canals were patent. On 10/08/2012, an MRI of the left shoulder showed intra-substance supraspinatus tendon tear, acromioclavicular degenerative joint disease and sub-acromial impingement. On 11/06/2012, she underwent a left shoulder arthroscopic sub-acromial decompression, distal clavicle resection and extensive debridement of under-surface supraspinatus tendon tear. The record reveals that this worker had participated in physical therapy, acupuncture and eighteen (18) sessions of chiropractic; however, the dates, body parts treated and duration of which are unknown. Her current medications were not found in this chart. There was no request for authorization found in this chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT, TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE CERVICAL SPINE AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

**Decision rationale:** This 30-year-old female worker reported being hit in the head and left upper extremity by some falling flower boxes on 03/18/2011, which exacerbated a previously reported injury. She had arthroscopic surgery on her left shoulder and participated in physical therapy, acupuncture and eighteen (18) sessions of chiropractic care. The Chronic Pain Guidelines recommend chiropractic care for chronic pain caused by musculoskeletal conditions to achieve positive symptomatic or objective measurable gains in functional improvement to facilitate a return to productive activities. The treatments should produce effects in four to six (4 to 6) treatments at one to two (1 to 2) times per week for the first two (2) weeks, then continuing at one (1) treatment per week for the next six (6) weeks, with a maximum duration of eight (8) weeks. Beyond that, treatments may be continued at one (1) every other week based on re-evaluation. The outcomes of prior intervention, including objective gains in range of motion, strength and function were not found. The number of chiropractic sessions already attended by this worker far exceed the recommended quantity. The submitted documentation does not support further chiropractic therapy. For these reasons, this request is not medically necessary.