

<b>Case Number:</b>	CM14-0028212		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 licensed in Chiropractic 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 patient is a 51 year old male who injured his left knee, low back and left shoulder on 9/19/2013. Chief complaints per the specialty physician report are stated as follows "patient reports low back pain with + LLF tingling and numbness and left shoulder pain." Patient has been treated with medications, exercise program, physical therapy, TENS (Transcutaneous Electric Nerve Stimulation) and chiropractic care (12 sessions). Diagnoses assigned by the Primary Treating Physician are lumbosacral sprain/strain, left shoulder tear and left knee sprain/strain. MRI studies of the left shoulder and low back have revealed supraspinatus cuff tear of the left shoulder and multilevel minimal disc bulges. An EMG/NCV (Electromyography / Nerve Conduction Velocity) study of the upper extremities has shown L5/S1 left sided lumbar radiculopathy. The PTP is requesting 6 additional chiropractic care sessions to the left shoulder and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX CHIROPRACTIC SESSIONS:** 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): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Low Back Chapters, Manipulation Section and Definitions Page 1.

**Decision rationale:** Per the review material provided, 12 sessions of chiropractic care have been rendered to this patient in the past. Records of prior chiropractic care do not exist in the materials provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 and MTUS ODG Shoulder and Low Back Chapters state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. 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." Records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. As such, the request of six (6) chiropractic sessions requested to the left shoulder and lower back to not be medically necessary and appropriate.