

<b>Case Number:</b>	CM14-0030552		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 47-year-old male who reported an injury on 01/17/2012 due to a fall. The injured worker had a history of left shoulder pain and lower back pain. The injured worker had diagnoses of left shoulder pain, lumbar spinal sprain/strain with myospasms, left shoulder acromioclavicular joint osteoarthritis, left shoulder supraspinatus tendinosis, left shoulder infraspinatus tendinosis, and lumbar spine disc desiccation. The clinical note dated 02/24/2014 indicated that the injured worker had a rate of pain in the left shoulder of a 6/10 and a 6/10 for the lower back using the visual analogue scale (VAS). The magnetic resonance imaging (MRI) of the left shoulder dated 03/20/2014 revealed osteoarthritis of the acromioclavicular joint, supraspinatus and infraspinatus tendinosis and a bicep tendon anchor tear with tendinosis. The clinical notes dated 06/03/2014 revealed objective findings of the left shoulder with tenderness to palpation at the left acromioclavicular joint and left deltoid, limited range of motion secondary to pain, and no abrasions, no inflammation, no lacerations, with a large well healed surgical scar. The objective findings also revealed a positive apprehension sign and sensation was intact in the left upper extremity. The clinical notes dated 06/03/2014 also indicated for the thoracic lumbar spine findings with a normal kyphosis, slight scoliosis, no lordosis; tenderness to the palpation with spasm to the lumbar paraspinals, limited range of motion secondary to pain, negative sitting root, and sensation was intact in the bilateral lower extremities. The clinical notes for 06/03/2014 also indicated patellar L4 and Achilles S1 are 2+ bilaterally. The medications included tramadol 50 mg, cyclobenzaprine 10 mg, and naproxen 550 mg. The prior treatment included chiropractic therapy of unknown visits and unknown date. The treatment plan included acupuncture two times a week for six weeks, orthopedic consultation, and a pain management consultation. Authorization dated 06/20/2014 was submitted in the documentation. The rationale for

chiropractic for the left shoulder and lumbar spine 12 visits was not addressed in the documentation provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic for left shoulder and lumbar spine-12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The request for chiropractic treatment for the left shoulder and lumbar spine 12 visits is not medically necessary. The California MTUS Guidelines recommend that the injured worker reduce the frequency of visits to the point where a where maximum therapeutic benefit is achieved. The injured worker should be encouraged to do active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to their usual activity levels despite residual pain. They should avoid catastrophizing and over-dependence on physicians, including doctors of chiropractics. The guidelines recommended an initial six visits and support up to 18 with functional improvement. Per clinical notes, the injured worker had chiropractic therapy; however, there was no evidence of the length of time or sessions that the injured worker had completed or the therapeutic effects from the chiropractic therapy. As such, the request is not medically necessary.