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| <b>Case Number:</b>   | CM14-0034427 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 01/27/1999 |
| <b>Decision Date:</b> | 07/31/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2014 |

### 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 a licensed Chiropractor 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 63-year-old male with a reported injury on 01/27/1999. The mechanism of injury was described as a fall. The clinical note dated 01/27/2014 reported that the injured worker complained of shoulder and knee pain. The physical examination of the injured worker's left shoulder revealed tenderness to the subacromial space, tenderness over the bicipital groove, and tenderness over the proximal humerus, acromioclavicular joint. The injured worker's left shoulder was reported to have a positive impingement sign, Hawkin's sign, and Jobe's sign. The range of motion to the injured worker's left shoulder demonstrated forward flexion to 130 degrees and external rotation to 50 degrees. The injured worker's prescribed medication list included Oxycontin, Klonopin, Maxalt, Omeprazole, Topamax, and Celebrex. The injured worker's diagnoses included left knee sprain/strain, left shoulder rotator cuff sprain/strain, rotator cuff tendonitis, and closed fracture of the patella. The provider requested 6 visits of chiropractic sessions for the cervical spine. The rationale was not provided within the clinical note. The request for authorization was submitted on 03/13/2014. The injured worker's prior treatments included Kenalog injections to the left knee, which had given the injured worker significant pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 6 visits cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58 98-99.

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

**Decision rationale:** MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. There is a lack of clinical information indicating that the injured worker has cervical spine pain or discomfort. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Given the information provided, there is insufficient evidence to determine appropriateness of chiropractic sessions. As such, the request is not medically necessary.