

<b>Case Number:</b>	CM14-0077431		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 was injured on 03/05/2013. While standing on top of a machine and pulling a rod, he fell backwards and landed on his right side, with his right elbow, right hip, and right leg hitting the floor. The treating physician's progress report of 01/24/2014 notes right shoulder pain rated at 8/10 and at 5/10 for low back pain. A shoulder examination was negative for edema and erythema, and positive for palpatory tenderness over the posterior right rotator cuff and decreased range of motion. Lumbar examination was negative for edema and erythema, and positive for tenderness at L4-L5 paravertebral muscles, positive straight leg raise bilaterally, and neurovascular exam was normal. The patient was to be maintained on pain medications. The chiropractor's 02/18/2014 report notes that the patient is status post right shoulder arthroscopy and was very stiff and sore. The chiropractor recommended physical therapy/chiropractic care 2 times a week for 4 weeks. The patient was seen in right shoulder post-op evaluation on 03/07/2014. It was noted that he was doing better, pain was decreasing, shoulder range of motion was improving, and he was attending PT. The medical provider's report of 04/04/2014 noted 8/10 right shoulder pain and 6/10 low back pain, and the provider recommended work conditioning. The chiropractor's report of 04/08/2014 noted the patient's right shoulder surgery slowly improving. The chiropractor diagnosed right shoulder internal derangement status post rotator cuff repair, product cervical spine sprain/strain, right lateral epicondylitis, and right cubital tunnel syndrome. The chiropractor recommended continuation of conservative therapy 2 times a week for 4 weeks. The chiropractor's progress report of 05/13/2014 noted complaints of head pain, eye pain, right shoulder pain improving, and elbow pain. The medical provider's progress report of 05/30/2014 reported 7-8/10 right shoulder pain and 6-7/10 low back pain. Work conditioning 2 times a week for 4 weeks was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care two (2) times weekly for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The documentation provided for this review does not report the rationale for chiropractic care, what conditions/anatomic structures have been treated or are to be treated by the chiropractor, specific treatment modalities utilized by the chiropractor, number of chiropractic treatment sessions to date, or patient response to chiropractic care. MTUS Chronic Pain Medical Treatment Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain issues, if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. There is no documentation reporting evidence of objective functional improvement or evidence of treatment success with chiropractic care, there is no evidence of an acute flare-up, and elective/maintenance care is not supported. The request for 8 additional chiropractic treatment sessions exceeds MTUS Guideline recommendations, and is therefore not medically necessary.