

<b>Case Number:</b>	CM14-0077436		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/02/2014
<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 Board Certified in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 58 year old male bus driver who was injured on 10/18/12 while trying to secure several wheelchairs at once. He injured his thoracic spine as well as both shoulders. He has received treatment of medications, chiropractic, acupuncture and it is unclear whether the injured worker has had bilateral shoulder surgery. The diagnosis are 1) Right shoulder rotator cuff tear w/ tendonitis, impingement syndrome per MRI, 2) Left shoulder partial rotator cuff tear/ Labral tear w/ tendonitis & impingement per MRI. On 8/26/13 a MRI of the Thoracic spine revealed 5mm posterior disc protrusion at T5-6, 5mm protrusion at T7-8 and a benign hemangioma 8mm at T7. On 2/1/14 the AME stated the patient was not P&S. The records did not reveal if another doctor has declared the patient P&S. The doctor has requested 1 treatment for 1 week for the Thoracic spine/Bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for Thoracic/Bilateral Shoulders 1 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines thoracic spine Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain guidelines the request for the amount of treatment falls well within the guidelines of recommended treatment for the thoracic spine. The shoulders appear to need surgery according to the records at this time and most likely will not respond to chiropractic care. Therefore the request is not medically necessary.