

<b>Case Number:</b>	CM14-0080063		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 claimant is a 45-year-old female who was involved in a work injury on 10/1/2013 as the "patient was packing materials and fell" on 6/15/2013. There was also reported a repetitive lifting injury from 10/1/2012 through 10/1/2013. The type and nature of treatment rendered this claimant post injury was not available for review. On 4/2/2014 the claimant presented to the office of [REDACTED], complaining of right shoulder pain with weakness and right hip weakness. The claimant was diagnosed with shoulder and hip sprain/strain. The recommendation was for a course of chiropractic and acupuncture treatment at 2 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor two (2) times a week for six (6) weeks Right Arm and Right Hip: Upheld**

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

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

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments for the right arm and right hip was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option.

Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, at the time of this request the claimant was 6 months post injury with no evidence as to the type and nature of treatment rendered this claimant post injury. ACOEM guidelines chapter 2 indicates that a complete review of the past history is essential prior to certifying any additional treatment or diagnostic testing. Therefore, the medical necessity for the requested 12 treatments is not medically necessary.