

<b>Case Number:</b>	CM14-0088396		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male who reported an injury on 04/20/2009. The mechanism of injury was not provided. On 05/07/2014 the injured worker presented with left shoulder and left knee pain. Upon examination there was +3 spasm and tenderness to the bilateral paraspinal muscles at C2-3, bilateral sub occipital muscles and bilateral upper shoulder muscles. There was positive bilateral shoulder depression test. There were also +3 spasms and tenderness to the left anterior joint line of the knee, left quadriceps muscles and left vastus medialis. There were positive McMurray's and valgus tests on the left. The diagnoses were after care for surgery of the musculoskeletal system, left shoulder and left knee, cervical disc herniation with myelopathy, chondromalacia of the patella of the left knee, tear of the medial meniscus of the left knee and rotator cuff syndrome of the left shoulder. Prior therapy included physical therapy and medications. The provider recommended 6 chiropractic visits to the left shoulder and left knee. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six chiropractic visits to the left shoulder and left knee.:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits of over 6 to 8 weeks. There was lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. As such, the request is not medically necessary.