

<b>Case Number:</b>	CM14-0093445		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 licensed in Chiropractic 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:

According to the available medical records, this is a 37 year old male patient with chronic neck, back, knee, wrist and shoulder pain with a date of injury of 12/30/2013. Previous treatments include medications and physical therapy. Progress report dated 05/27/2014 by the treating doctor revealed patient with some temporarily improvement with recent therapy, he has been having some clicking in his right shoulder and flare ups to his lower back pain with increase of activities. Cervical examination revealed tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscle, ROM: flexion 40, lateral bending 40 on both side, rotation 50 on both sides and extension 40 with increased pain in motion. Thoracic spine exam noted tenderness to palpation over the upper, mid and lower paravertebral muscles with mild limitation of motion. Right shoulder exam revealed tenderness to palpation over the anterior rotator cuff, mild AC joint and bicipital tenderness without irritability, positive impingement sign, positive grind sign, grade 4/5 rotator cuff/deltoid/biceps strength, ROM: flexion 160, abduction 155, extension 45, external rotation 40, internal rotation 40 and adduction 40. There is a patchy decreased sensation of the right upper extremity most notably at C6 distribution. Lumbar exam revealed mild lower right muscle spasm, tenderness to palpation over the upper, mid and lower paravertebral muscles, ROM: flexion 25, right lateral bending 15, left lateral bending 20, right rotation 15, left rotation 20 and extension 10, there is an increased pain with lumbar motion. Right knee exam revealed tenderness to palpation over the lateral joint line, lateral pain with McMurray's maneuver, mild patellofemoral irritability with satisfactory patella excursion and tracking. Diagnoses include scalp laceration, closed head injury, cervical/thoracic/lumbar spine strain, right sided cervical radiculopathy, contusion and straining injury of the right hip and pelvis, internal derangement of the right knee, right rotator cuff tendinitis and impingement

syndrome, and straining injury of the chest. The patient is temporarily totally disabled for six weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Therapy two (2) times a week for six (6) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprains and strains of shoulder and upper arm.

**Decision rationale:** While California MTUS guideline recommended a trial of 6 chiropractic treatment over 2 weeks, with evidence of objective functional improvement, for chronic low back pain, it does not recommend for treatment of the knee. Official Disability Guidelines guideline recommended 9 visits over 8 weeks for chiropractic treatment of shoulder with an active self-directed home therapy. The request for 12 chiropractic treatments for the lumbar, cervical, right shoulder and right knee exceeded the guidelines recommendation and therefore, not medically necessary.