

<b>Case Number:</b>	CM14-0095108		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 54 year old female patient with chronic neck pain, bilateral knee pain and left shoulder pain with a date of injury of 05/23/2011. Previous treatments include medications, physical therapy, acupuncture, Synvisc injections to the knees, aquatic exercise, OrthoStim3 multi-modality unit, and home exercise program. Progress report by the treating doctor dated 04/13/2014 revealed bilateral knee pain and swelling, unstable and weakness, neck pain and stiffness, unable to sleep at night due to pain, symptoms described as moderate, frequent, sharp, burning, numbness and weakness. Exam revealed cervical tender to palpation with muscle guarding R>L, SCM, scalenes and trapezius, ROM: flexion 40, extension 40, left rotation 62, right rotation 62, left bending 34, right bending 32. Diagnoses include bilateral knee sprain/PFA/OA, bilateral hips bursitis, cervical sprain/strain, right thumb post-surgical repair, left shoulder sprain/strain. The patient is on modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-House Chiropractic two (2) times a week for four (4) weeks to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The available medical records revealed this patient has ongoing complaints of multiple body parts, including the cervical spine with a date of injury of 05/23/2011. There is no document of recent flares up of the cervical spine and the request for eight visits of chiropractic visits also exceeds the current MTUS guideline recommendation. Therefore, this request is not medically necessary.