

<b>Case Number:</b>	CM13-0007639		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### 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 64 year old female who sustained an industrial injury on July 28, 2008. Medical records indicated that the injured worker was treated for right shoulder and low back pain. Her medical diagnoses include sprain lumbar region, carpal tunnel syndrome and shoulder impingement syndrome. In the provider notes dated May 14, 2013 to July 9, 2013, the injured worker complained of right shoulder pain radiating into the right arm and low back pain radiating into the right hip. She rates the shoulder pain 5 on the pain scale and the back pain 3 on the pain scale. She states that PT is helping. On exam, the documentation stated that there was positive sensory changes and decreased deep tendon reflexes (DTR). The treatment plan is for medication and chiropractic care. A Request for Authorization was submitted for chiropractic visits right shoulder 3 times per week for 2 weeks. The Utilization Review dated July 18, 2013 denied the request for chiropractic visits right shoulder 3 times per week for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits 3x a week for 2 weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Chiropractic Guidelines- Sprains and strains of shoulder and upper arm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The medical necessity for the requested 3 chiropractic treatments was established. The previous denial was based on the "dearth of medical records presented for review. Given the date of injury, this 5-year-old injury must certainly have had intervention to date. No prior medical history as noted, there are no complete physical examination findings." Submitted for review was the permanent and stationary report dated 7/18/2012 in which the history and future treatment recommendations were outlined. With respect to future medical care was noted that the claimant should "be allowed appropriate care for exacerbations and functional restoration control." On 4/23/2013, the claimant presented to the office of [REDACTED], for complaints of right shoulder pain, low back pain and pain radiating to the right groin. The claimant was then evaluated by [REDACTED], on 5/14/2013. This report indicated that "PT sessions #6 helps with Taglarini." On 7/9/2013 the claimant returned complaining of an increase in bilateral shoulder pain. Given the improvement noted as a result of the previous course of care and the presenting complaints on 7/9/2013, the medical necessity for the requested 6 chiropractic treatments was established. As noted above, the previous reviewer did not have access to these records. 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."