

<b>Case Number:</b>	CM14-0122122		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. 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, Minnesota  
 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 female patient, who sustained an industrial injury on 07/23/2013. A primary treating office visit dated 06/06/2014, reported present complaints of right shoulder pain. She rates the pain as moderate to occasionally severe. The pain radiates to her upper back, right arm, right hand and is associated with numbness and tingling. The pain increases with movement, lifting and when cold; and decreases with medication. In addition, she is with low back, and bilateral groin pains. Physical examination found her thoracic/lumbar spine with limited range of motion secondary to pain. She is with decreased grip strength on the right. The right shoulder has positive impingement, apprehension signs, positive crepitus and empty cans test. The following diagnoses are applied: right shoulder full-thickness tear of the supraspinatus tendon, right shoulder acromioclavicular arthrosis, right shoulder impingement, right shoulder glenohumeral arthrosis, right shoulder effusion, lumbar spine stenosis, lumbar spine multi-level disc protrusions, lumbar spine facet arthrosis, lumbar spine Schmorl's nodes, lumbar radiculopathy, inguinal pain, rule out hernia, femoral pain, rule out hernia, chronic pain and depression. She is to continue with chiropractic treatment which includes supervised physiotherapy, continue acupuncture, pending nerve conduction study, pain management, orthopedic, and psychological consultations. Recommending sleep study and transcutaneous nerve stimulating unit; along with hot/cold pack wrap therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic with supervised physiotherapy right shoulder and lumbar spine. #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Physical medicine Page(s): 58-60, 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines -physical therapy Official Disability Guidelines- low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic manipulation with physiotherapy to the right shoulder and lumbar spine for an unspecified time period of apparently #6 visits. This treatment is not according to the above guidelines for the low back and is therefore not medically necessary. Manipulation for the shoulder is not recommended and therefore not medically necessary.