

<b>Case Number:</b>	CM14-0162411		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Chiropractor (DC) 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:

The injured worker is a 45 year old female who reported neck, left shoulder and left wrist pain from injury sustained on 04/09/12 due to cumulative trauma. Patient is diagnosed with adhesive capsulitis of left shoulder; rule out left rotator cuff syndrome and rotator cuff tear; 7mm posterolateral disc extrusion at L5-S1; lumbosacral radiculitis on the left; cervical disc bulge at C5-6; right shoulder partial thickness tear at the supraspinatus; left shoulder bursal effusion and hypertrophic changes. Patient has been treated with medication. Per medical notes dated 08/05/14, patient complains of persistent pain in her neck, low back, bilateral shoulder and wrist. She rated her neck pain at 8/10 which occurs frequently and radiates to bilateral upper extremity, left greater than right. She complains of low back pain rated at 7/10 which occurs frequently and radiates to the left leg. Pain in the left shoulder is rated at 7/10 and right shoulder rated at 4/10; pain in the left wrist is rated 7/10. Pain is made better with rest and medication. Pain is made worse with activities. Examination revealed tenderness to palpation of the muscles around the injured areas and decreased range of motion. Provider requested initial trial of 8 chiropractic treatments for neck, left shoulder and left wrist which were non-certified on 09/12/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic x 8 visits, CS, left shoulder, left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 59 of 127.

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

**Decision rationale:** Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic treatments for neck, left shoulder and left wrist. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for wrist pain. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.