

<b>Case Number:</b>	CM14-0197544		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

Claimant is a 53 year old female who sustained a work related injury from 8/29/11 to 8/29/12. Prior treatment includes left rotator cuff surgery, extracorporeal shockwave therapy, subacromial steroid injection, psychiatric treatment, physical therapy, acupuncture, and medications. She is not working. Her diagnosis is fibromyalgia, cervical spine sprain/strain, bilateral shoulder tendonitis, bilateral elbow epicondylitis, and bilateral wrist sprain/strain. Per PR-2 dated 6/4/14, the claimant has ongoing issues with neck, shoulder, back pain and fibromyalgia and is unchanged. Per a PR-2 dated 8/27/14, the claimant has right shoulder, right elbow pain that is better after injection, and pain throughout the body secondary to fibromyalgia. There is decreased range of motion in the right shoulder, positive impingement sign, and decreased grip strength. Per a report dated 6/20/14, the claimant is going to have surgery on the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 4, bilateral shoulder:** 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): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already chiropractic treatment. If chiropractic treatment was rendered, there is no documented functional improvement or flare-up to justify further treatment. If this is a request for an initial trial, 8 visits exceeds the recommendations for an initial trial. Therefore 8 visits of chiropractic is not medically necessary.