

<b>Case Number:</b>	CM14-0203718		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/12/2001
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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), has a subspecialty in Acupuncture 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 36 year old female with a date of injury as 01/12/2001. The cause of the injury was not included in the documentation received. The current diagnoses include brachial neuritis/radiculitis, thoracic sprain/strain, myalgia, and rotator cuff syndrome. Previous treatments include chiropractic therapy. Primary treating physician's reports dated 01/20/2014, 01/31/2014, and 10/29/2014 were included in the documentation submitted for review. Report dated 10/29/2014 noted that the injured worker presented with complaints that included increased neck and thoracic pain with numbness in the right arm. Pain was described as 5-7 out of 10 and increases with activities. Physical examination revealed decreased range of motion in the right shoulder, cervical and thoracic regions, positive depression test right, and positive compression test. The physician recommended additional chiropractic visits for the flare-up. Report dated 01/31/2014 notes that the injured worker responded well to chiropractic treatment, the injured worker had increased range of motion, decreased inflammation and decreased pain levels. The treating provider did not include a detailed evaluation of functional improvement in the submitted records. The injured worker's work status was not included. The utilization review performed on 11/24/2014 non-certified a prescription for chiropractic 1 time a week for 3 weeks for the cervical, thoracic, and right shoulder based on the records submitted for review failed to include documentation of objective functional improvement with previous chiropractic treatment. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic one times a week times three weeks for cervical/thoracic/right shoulder:**  
Upheld

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

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

**Decision rationale:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional one times a week times three weeks chiropractic sessions for right shoulder, cervical spine and thoracic spine. Report dated 01/31/2014 notes that the injured worker responded well to chiropractic treatment, the injured worker had increased range of motion, decreased inflammation and decreased pain levels. The treating provider did not include a detailed evaluation of functional improvement in the submitted records. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. Per review of evidence and guidelines, one times a week times three weeks chiropractic visits are not medically necessary.