

<b>Case Number:</b>	CM14-0035043		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/25/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Chiropractic and 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 55 year old female who reported low back, bilateral shoulder, bilateral knee pain from injury sustained on 09/35/07 due to fall. Patient is diagnosed with status post lumbar spine fusion with recurrent lumbar disc pathology; cervical spine fusion with resultant strain; post operative left knee internal derangement; right wrist de Quervain's syndrome and carpal tunnel syndrome. Patient has been treated with surgery, medication, and physical therapy. Per medical notes dated 08/02/13, patient complains of pain in the shoulder, right wrist, low back, right hip and legs. Patient describes current pain as constant, sharp, shooting, electrical and throbbing. Pain is rated at 6-7/10. Per medical notes dated 10/30/13, patient complains of severe low back pain radiating down her right leg with bilateral leg having significant weakness causing her to stumble. She states her shoulders continue to hurt. She has episodes of headaches with dizziness and severe thumb and wrist pain. Provider requested trial of 18 chiropractic treatment for bilateral knees, bilateral shoulder and low back pain which was denied by the utilization reviewer on 02/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3xwk x 6wks lumbar spine, bilateral shoulder, bilateral knees:** 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 not had prior chiropractic treatments. Provider requested initial trial of 18 chiropractic treatment for bilateral knees, bilateral shoulder and low back pain. 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 knees and shoulders. Per guidelines and review of evidence, 18 Chiropractic visits are not medically necessary.