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| <b>Case Number:</b>   | CM15-0101168 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 08/19/2013 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 04/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 48 year old female injured worker suffered an industrial injury on 08/19/2013. The diagnoses included neck pain, mid back pain, low back pain, right shoulder pain/post-surgical and right elbow pain. The diagnostics included right shoulder magnetic resonance imaging, x-rays of the right shoulder and right elbow. The treatments included shoulder surgery and medications. On 4/6/2015 the treating provider reported neck pain that was intermittent rated 4/10 radiated to the right hand. The low back pain was frequent, rated as 3 to 4/10. The right elbow pain was constant, rated as 4/10. The right shoulder pain was constant at 4 to 6/10. On exam the cervical and thoracolumbar spine, right shoulder had reduced range of motion with tenderness and spasms noted. The treatment plan included Chiropractic physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy 2 times a week for 3 weeks for the right shoulder, right elbow, neck, mid back, low back, right shoulder, and right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 4/23/15 denied the treatment request for Chiropractic Physiotherapy 2x3 (6 additional sessions) to the patients right shoulder/elbow, cervical/mid-back and lower back citing CAMTUS Chronic Treatment Guidelines. The request for treatment followed a 20 month course of care absent reference to applied alternative care including Chiropractic management. The medical records reviewed failed to address the medical necessity for requested care by addressing the patient's prior medical history of applied care and what benefit if any was received by the patient. Care as requested did not comply with referenced CAMTUS Chronic Treatment Guidelines or ACOEM Guidelines Ch 2/pg. 19. Therefore, the requested treatment is not medically necessary.