

<b>Case Number:</b>	CM15-0131192		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

### 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 was a 41 year old female, who sustained an industrial injury, June 24, 2013. The injured worker previously received the following treatments Hydrocodone. The injured worker was diagnosed with right shoulder strain, lumbosacral musculoligamentous strain and right wrist strain. According to progress note of September 16, 2014, the injured worker's chief complaint was right shoulder pain which increased with usage or making sudden movements with the right arm. The pain was alleviated by rest. The injured worker had right hand and wrist pain which worsened with usage, writing, pushing herself up and carrying objects. The pain was alleviated by rest. The low back pain occasionally radiated to the left buttock and to the right leg. The symptoms back was aggravated by lifting, excessive walking and was relieved by stretching exercises. The physical exam noted the injured worker rose slowly from the table and ambulates freely about the room with a normal gait. The injured worker was able to stand on heels and toes without difficulty. There was no restriction with range of motion of the right elbow or wrist. The treatment plan included chiropractic services for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two times a week times three weeks for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

**Decision rationale:** The claimant presented with ongoing pain in the back, right shoulder and right wrist despite previous treatments with medications, injection, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant has extensive chiropractic treatment previously, however, total number of visits for the shoulder is unclear. Furthermore, there is no evidence of objective functional improvement documented. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.