

<b>Case Number:</b>	CM15-0135191		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Chiropractic

### 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 63-year-old male, who sustained an industrial injury on 11-27-2013. He reported injuries to the low back, neck and right shoulder from lifting activity and repetitive movements. Diagnoses include rotator cuff tear, rotator cuff syndrome, and myofascial pain. Treatments to date include activity modification, back brace, physical therapy and acupuncture treatments. Currently, he complained of pain in the neck and left shoulder. On 6-24-15, the physical examination documented improvement in range of cervical motion and increased right shoulder range of motion and strength. The record indicated a recommendation for twelve additional chiropractic sessions to further improvement. The plan of care included a request to authorize an initial trial of chiropractic therapy sessions twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x 6, right shoulder & cervical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for his industrial injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The ODG Neck & Upper Back and Shoulder Chapters recommend a trial of chiropractic care for the shoulder and cervical spine. For the shoulder, 9 sessions are recommended over 8 weeks. For the cervical spine, a trial of 6 sessions is recommended with up to 18 sessions with objective functional improvement. The patient has received acupuncture and physical therapy in the past but not chiropractic. I find that the 12 additional chiropractic sessions requested to the cervical spine and right shoulder to be medically necessary and appropriate.