

<b>Case Number:</b>	CM15-0143358		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 female with an industrial injury dated 04-06-1999. The injured worker's diagnoses include history of lumbar fusion, chronic lumbar pain with radiculopathy, history of spinal cord stimulation implantation, history of right hip arthroplasty, left hip bursitis, bilateral shoulder tendinosis with history of right shoulder arthroscopic surgery, bilateral carpal tunnel syndrome with history of release on left side, history of breast cancer, depression and anxiety. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-10-2015, the injured worker presented for evaluation. Documentation noted that the injured worker last evaluation was 03-14-2012. The injured worker reported left hip pain, bilateral knee pain, and worsening neck, shoulder and upper extremity pain. The injured worker reported that her low back and lower extremity symptoms continue to respond well to stimulator. Objective findings revealed limited range of motion of the bilateral shoulders, healed incision on the right shoulder, positive impingement of the left shoulder, tenderness over the medial and lateral joints especially on the left side with increased flexion and positive Mc Murrays on both sides. The treatment plan consisted of medication management and chiropractic treatment. The treating physician prescribed services for twelve additional chiropractic therapy sessions, 2 times a week for 6 weeks to the left shoulder now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Therapy sessions, 2 times a week for 6 weeks to the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation.

**Decision rationale:** The patient has received chiropractic care for her 1999 dated injuries in the past. The past chiropractic treatment notes are not present in the materials. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Shoulder Chapter a limited trial of chiropractic care 9 sessions over 8 weeks with additional chiropractic care sessions with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 12 additional chiropractic sessions not medically necessary.