

<b>Case Number:</b>	CM15-0144954		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Minnesota  
 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 is a 51 year old female, who sustained an industrial injury on 4-30-2014. The mechanism of injury was carrying a heavy tray. The injured worker was diagnosed as having cervicalgia, pain in shoulder joint and cervical sprain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 4-22-2015, the injured worker complains of neck and bilateral shoulder pain-right greater than left, rated 4-5 out of 10. Physical examination showed cervical spine and shoulder painful and limited range of motion. The treating physician is requesting Chiropractic one times week times ten weeks for the neck and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic one times week times ten weeks for the neck and bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The guidelines do not recommend manipulation of the shoulder. The doctor has requested Chiropractic one time per week for 10 weeks or 10 visits for the neck and bilateral shoulders. The request for treatment to the neck and shoulders is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.