

<b>Case Number:</b>	CM15-0145660		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/23/2015
<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 65 year old male, who sustained an industrial injury on 2-25-2012. Diagnoses include cervical spine sprain or strain with bilateral upper extremity radiculitis, lumbar sprain or strain, and right knee internal derangement. Treatment to date has included surgical intervention (left shoulder rotator cuff repair) as well as diagnostics, modified work, therapy and conservative treatment. Per the handwritten Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported constant neck pain with radiation the shoulder, constant shoulder pain, right knee pain and lower back pain. Objective findings are described as cervical spine, thoracic spine, lumbar spine, right shoulder, left shoulder, right knee and left knee. The plan of care included diagnostics, orthopedic consultation, TENS, medications and chiropractic care and authorization was requested for 12 chiropractic treatments (3x4) for the lumbar spine, neck and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times a week for 4 weeks for the lumbar spine, neck and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**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 to the shoulder. The doctor has requested chiropractic treatment 3 times per week for 4 weeks or 12 treatments to the lumbar spine, neck and right shoulder. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.