

<b>Case Number:</b>	CM15-0182402		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/30/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Emergency Medicine

### 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 70 year old male, who sustained an industrial injury on May 30, 2001. He reported bilateral shoulder pain. The injured worker was diagnosed as having bilateral shoulder impingement. Treatment to date has included diagnostic studies, acupuncture, medications and work restrictions. Currently, the injured worker continues to report bilateral shoulder pain, headaches, upper back pain and neck pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. The acupuncture note on April 8, 2015, revealed pain rated at 6.5 on a 1-10 scale with 10 being the worst. Evaluation on April 6, 2015, revealed improving pain with acupuncture. It was noted he had decreased muscle spasm, increased range of motion and positive impingement. Acupuncture was continued. Evaluation on June 1, 2015, revealed some improvement with acupuncture. He noted right sided trapezium and rhomboid muscle tightness. It was noted he was able to decrease medications and increase activities with acupuncture. Evaluation on August 20, 2015, revealed continued bilateral shoulder pain. Chiropractic care was recommended. The RFA included a request for Chiropractic treatment with modalities and exercises; two times per week for six weeks (2 x 6) and was non-certified on the utilization review (UR) on August 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with modalities and exercises; two times per week for six weeks (2 x 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for chiropractic treatment. Manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. After initial treatment, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Regarding the injured worker, 12 previous chiropractic visits had been approved. There is no documentation of a clear functional improvement and a decrease in pain. If there is going to be medical benefit from chiropractic care, it should be evident within the first 4-6 visits. Furthermore, the request for 12 visits is beyond what is initially recommended by the guidelines. There is no other documentation to justify overriding what is recommended by the MTUS guidelines. Therefore, the request as written is not medically necessary.