

<b>Case Number:</b>	CM15-0191679		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on 5-19-2014. The injured worker is being treated for cervical herniated nucleus pulposus, left shoulder plexopathy and left shoulder impingement. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications and 18 authorized visits of chiropractic treatment. Per the handwritten Primary Treating Physician's Progress Report dated 9-01-2015 the injured worker reported relief with chiropractic including, minimal "locking" of the left shoulder and improvement with activities of daily living (ADLs). Objective findings included positive Spurling, decreased spasm and decreased trapezius and rhomboid tightness. There was increased pain in the left shoulder with positive crepitation. Work status was return to full duty. The plan of care included continuation of chiro and additional chiro-massage (2x6) and authorization was requested on 9-03-2015 for 12 visits (2x6) of chiropractic services with modalities and exercises and 12 visits (2x6) of massage therapy for the cervical spine and left shoulder. On 9-09-2015 Utilization Review non-certified the request for 12 visits (2x6) of chiropractic services with modalities and exercises and modified the request for 12 visits (2x6) of massage therapy for the cervical spine and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Services with modalities and exercises for cervical spine and left shoulder, twice a week for six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Manipulation.

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant already underwent 12 sessions of therapy. The additional 12 exceeds the guidelines recommendations. As a result additional chiropractor therapy is not necessary.

**Massage Therapy, cervical spine and left shoulder, twice a week for six weeks: 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): Massage therapy.

**Decision rationale:** According to the guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In his case, the claimant has already undergone manual manipulation. Although massage therapy may be helpful, the 12 sessions exceed the guidelines amount and is not a medical necessity.