

<b>Case Number:</b>	CM15-0194151		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: 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:

This 62 year old male sustained an industrial injury on 9-24-12. Documentation indicated that the injured worker was receiving treatment for cervical disc displacement, cervical spine radiculopathy, right shoulder rotator cuff tear, right biceps tendon tear, right wrist tenosynovitis, bilateral knee sprain and strain, right knee meniscal tear and mood disorder. Previous treatment included physical therapy, acupuncture, chiropractic therapy, shockwave therapy and medications. The number of previous therapy visits was unclear. In a PR-2 dated 6-9-15, the injured worker complained of neck pain associated with numbness and tingling of bilateral upper extremities, right shoulder pain radiating down the arm to the fingers, right wrist pain with spasms and bilateral knee pain with spasms, rated 4 to 5 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation at the suboccipital region and over the scalene and trapezius muscles with range of motion: flexion and extension 45 degrees, bilateral rotation 65 degrees, left lateral flexion 20 degrees and right lateral flexion 25 degrees and positive cervical distraction and cervical compression tests, right shoulder with tenderness to palpation, acromial arthrosis and trigger points of the supraspinatus muscle, crepitus upon range of motion, range of motion: flexion 160 degrees, extension 50 degrees, abduction 160 degrees and adduction 40 degrees and positive Neer's, Hawkin's and Jobe's tests and bilateral knees with tenderness to palpation over the joint lines with positive Apley's compression and patella-femoral compression tests and range of motion: right knee 0 to 130 degrees and left knee 0 to 125 degrees. The treatment plan included continuing acupuncture and chiropractic therapy for the right shoulder, right knee and cervical spine three times a week for

six weeks, a course of acupuncture and chiropractic therapy for the left knee three times a week for six weeks, a course of physical therapy for the cervical spine, right shoulder and bilateral knees three times a week for six weeks and continuing shockwave therapy for the right shoulder, bilateral knees and cervical spine. In a PR-2 dated 8-11-15, the injured worker's subjective complaints were unchanged. The injured worker also reported that he was experiencing stress, anxiety, insomnia and depression due to his injuries. Physical exam was unchanged with the exception of range of motion testing. Cervical spine range of motion showed flexion 45 degrees, extension 50 degrees, bilateral rotation 65 degrees and bilateral lateral flexion 25 degrees, right shoulder range of motion: flexion 160 degrees, extension 50 degrees, abduction 165 degrees, adduction 40 degrees, external rotation 60 degrees and internal rotation 50 degrees and bilateral knee range of motion 0 to 130 degrees. The treatment plan included continuing the course of physical therapy, acupuncture and chiropractic therapy for the right shoulder, right knee and cervical spine three times a week for six weeks, continuing shock wave therapy for the right knee, right wrist and cervical spine and a course of plasma rich protein therapy for the right shoulder and right knee. On 9-10-15, Utilization Review modified a request for chiropractic therapy three times a week for six weeks for the right shoulder, knee and cervical spine to six visits of chiropractic therapy for the right shoulder, knee and cervical spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic 3 times a week for 6 weeks, right shoulder/knee, cervical spine:** Upheld

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

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

**Decision rationale:** The claimant presented with chronic pain in the neck, shoulder, and bilateral knees. Previous treatments include medications, shockwave therapy, acupuncture, physical therapy, and chiropractic. According to the available medical records, the claimant has had chiropractic treatments previously; however, total number of visits and treatment outcomes are unknown. While current request for 18 visits exceeded MTUS guidelines recommendation for the neck, it is not recommended for the knee. Therefore, the request is not medically necessary.