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| <b>Case Number:</b>   | CM15-0205597 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 08/10/2012 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 10/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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: Chiropractic

### 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 47 year old female, who sustained an industrial injury on 8-10-12. The injured worker is diagnosed with chronic cervical sprain and bilateral shoulder sprain-strain. Her work status is modified duty. Notes dated 7-10-15 and 9-22-15 reveals the injured worker presented with complaints of constant neck that radiates to her shoulders bilaterally and rated at 6 out of 10. The pain is improved with therapy, rest, heat and ice therapy, massage and medication. Physical examinations dated 7-10-15 and 9-22-15 revealed slight decreased cervical range of motion, paraspinal tenderness and a slight decrease in the left upper arm strength. There is decreased bilateral shoulder range of motion; flexion 140 degrees, abduction 120 degrees, extension and adduction 40 degrees, internal rotation 60 degrees and external rotation 70 degrees. There is tenderness over the acromioclavicular joints bilaterally. Treatment to date has included chiropractic treatments (12 sessions) for the cervical spine, which provided improved range of motion and decreased pain per note dated 9-22-15, Motrin reduces her pain from 6-7 out of 10 to 3-4 out of 10 per note dated 9-22-15, heat and ice therapy and massage. A request for authorization dated 10-5-15 for additional chiropractic therapy 2 times 4 weeks for the cervical spine and left shoulder is non-certified, per Utilization Review letter dated 10-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 4 weeks for cervical spine and left shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Neck & Upper Back/Manipulation.

**Decision rationale:** The patient has received 12 chiropractic care sessions for her left shoulder and cervical spine injury in the past, per the records provided. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS does not recommend manipulation for the shoulder but The ODG Shoulder Chapter recommends a limited number of chiropractic care sessions, 9 sessions over 8 weeks. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the left shoulder and cervical spine to not be medically necessary and appropriate.