

<b>Case Number:</b>	CM15-0020226		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41-year-old male who reported an injury on 12/01/2014. His mechanism of injury occurred while delivering packages. His diagnoses include lumbar strain, shoulder sprain, acromioclavicular joint/ligament sprain, and AC separation type 3. His past treatments include medications and a splint. On 02/02/2015, the injured worker complained of right shoulder pain with associated symptoms of sharpness, throbbing, aching, pressure, numbness, and tingling. His current pain was rated at a 10/10. The physical examination of the right shoulder revealed no tenderness over the impingement area or biceps groove. Tenderness was noted over the AC joint with significant abnormality and deformity. Range of motion revealed forward flexion at 160 degrees, external rotation at 50 degrees, abduction/external rotation at 90 degrees, and abduction/internal rotation at 60 degrees. The injured worker had an absent painful arc of motion; however, he had AC joint crepitus. The injured worker's shoulder strength was noted to be 4/5 in the rotator cuff muscle groups and normal over the remainder of the cuff and deltoid. The documentation also indicated that the injured worker had not had physical therapy or injections. His relevant medications include ibuprofen 800 mg and hydrocodone/acetaminophen 5/325 mg. The treatment plan included a request for physical therapy 2 times a week for 4 weeks to increase his strength and decrease pain. A Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Sessions in conjunction with Physiotherapy for the Thoracic Spine as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguidelines.org/> Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical medicine Page(s): 58-59, 98-99.

**Decision rationale:** The request for 12 Chiropractic Sessions in conjunction with Physiotherapy for the Thoracic Spine as an outpatient is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation is indicated for chronic muscular pain caused by muscular conditions. The treatment parameters include 4 to 6 treatments to provide time to produce efficacy with reassessment prior to additional sessions. The injured worker was indicated to have a shoulder sprain. However, there was lack of documentation to indicate the injured worker had a musculoskeletal condition. There was also lack of documentation to indicate that chiropractic therapy would give the injured worker functional improvement to facilitate progression in a therapeutic exercise program and return to productive activities. In regard to physiotherapy, according to the California MTUS Guidelines, physical medicine may be allotted for patients with neuralgia, neuritis, and radiculitis for 8 to 10 visits over 4 weeks. In order to provide short term relief during early phases of pain treatment and direction in controlling pain symptoms such as inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker was indicated to have acromioclavicular joint separation. However, there was a lack of documentation in regard to a physical examination of the thoracic spine for review. In the absence of a physical examination, the request for chiropractic therapy and physiotherapy would not be supported by the evidence based guidelines. In addition, there was a lack of a clear rationale to indicate concurrent chiropractic therapy and physiotherapy to improve function and decrease pain. As such, the request is not medically necessary.