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| <b>Case Number:</b>   | CM15-0030660 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 01/04/2010 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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, Oriental 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 54 year old male, who sustained an industrial injury on 1/4/2010. He has reported sudden sharp pain in right shoulder and back. The diagnoses have included right shoulder impingement syndrome and lumbosacral sprain/strain, and lumbosacral herniated disc. There was a history of a prolonged hospital stay for development of an infection to the neck and shoulder with complications including a 22 day coma, resulting in hemiparesis and foot drop. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy and acupuncture. Currently, the IW complains of sharp pain to right shoulder and bilateral legs rated 9/10 VAS. On 9/10/14, the physical examination documented utilization of a wheelchair for ambulation and left boot/foot splint. Positive tenderness to touch over right shoulder. Strength was 3/5 with tingling and numbness in left lower extremity down to foot. Neer test and Hawkins tests were positive. The plan of care included acupuncture therapy, physical therapy, and topical compound cream. On 12/16/14 the patient presented with insomnia and fatigue. Examination reported decreased lower back ROM with spasm, decreased strength in the left lower extremity and positive shoulder impingement. Diagnoses: CVA, lumbar HNP and right shoulder impingement. The UR determination of 2/2/15 recommended 6 of 8 Chiropractic visits. The medical necessity for treatment was established although the request for 8 sessions exceeded CAMTUS Chronic Treatment Guidelines; a modified plan of care, 6 sessions was recommended. On 2/18/2015, the injured worker submitted an application for IMR for review of eight (8) chiropractic treatment sessions.

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

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

**8 chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The progress report of 12/25/14 documented the medical necessity for treatment to manage reported pain and functional deficits in the patients lower back. Prior medical management with physical therapy did not render the patient any documented improvement leaving the request for Chiropractic care an initial trial versus continuation of care. The UR determination of 2/2/15 was an appropriate determination recommending a modified plan of care, 6 sessions per CAMTUS Chronic Treatment Guidelines. Reviewed records did establish the medical necessity for Chiropractic treatment and were supported by the CAMTUS Chronic Treatment Guidelines that recommend as an initial trial of care 6 sessions of manipulation.