

<b>Case Number:</b>	CM15-0036250		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New Jersey

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:

The injured worker is a 47-year-old female who reported an injury on 06/27/2011. The mechanism of injury involved a fall. The current diagnoses include cervical spine musculoligamentous sprain and status post right shoulder arthroscopy with rotator cuff repair on 05/28/2014. The latest Physician Progress Report submitted for review is documented on 02/03/2015. The injured worker presented with complaints of persistent right shoulder pain as well as neck pain with radiating symptoms into the bilateral upper extremities causing numbness, tingling and weakness. The injured worker was utilizing Voltaren XR and over the counter Aleve. Upon examination of the cervical spine, there was restricted range of motion, positive Spurling's maneuver, well-healed incisions in the right upper extremity, and ongoing pain in the entire upper extremity with hypersensitivity to touch. There was weakness on abduction and external rotation and decreased sensation throughout the right upper extremity. Recommendations included electro diagnostic studies and an updated MRI of the cervical spine. The injured worker was issued prescriptions for Voltaren XR 100 mg, Flexeril 10 mg and Motrin 800 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Chiropractic Treatment 6 sessions, cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Treatment for the spine is recommended as a therapeutic trial of six visits over 2 weeks. This request is for the retrospective chiropractic treatment. However, there was no documentation of the course of chiropractic therapy, nor documentation of the Physician Progress Report submitted prior to the initiation of chiropractic therapy. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.