

<b>Case Number:</b>	CM15-0045295		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 66 year old male, who sustained an industrial injury on 2/16/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical spine musculo-ligamentous sprain/strain with radiculitis, lumbar disc protrusion, left shoulder impingement syndrome, left adhesive capsulitis, left rotator cuff tear, left shoulder labral lesion, left shoulder surgery, bilateral trigger fingers and trochanteric bursitis. Treatment to date has included surgery, therapy, chiropractic care and medication management. A progress note from the treating provider dated 8/28/2014 indicates the injured worker reported neck, left shoulder and lower back pain with pain and numbness in the bilateral wrists. A PR-2 from the treating physician reviewed by the UR physician dated 1/28/15 with an RFA dated 1/30/15. Additional Chiropractic care, 12 sessions was requested. UR denied the additional 12 sessions on 3/3/15 modifying the request to 6 certified, 6 denied for spine/shoulder treatment with no CAMTUS Treatment Guidelines supporting manipulation of the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week for 6 weeks for the thoracic spine, left shoulder and left wrist:** Upheld

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

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

**Decision rationale:** The UR determination of 3/3/15 recommended modification of the requested 12 sessions of Chiropractic care to the spine/shoulder to 6 visits denying any manipulation care to the wrist. CAMTUS Chronic Treatment Guidelines supports care to the spine/shoulder for an initial trial of care 6 sessions or for documented exacerbation; manipulation of wrist was not recommended. The reviewed medical records did not establish the medical necessity for Chiropractic care 12 sessions to the spine/shoulder but CAMTUS Chronic Treatment Guidelines do support a modified plan of care, 6 sessions to the spine/shoulder; CAMTUS Chronic Treatment Guidelines do support manipulative care to the wrist.