

<b>Case Number:</b>	CM15-0049901		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 50 year old male, who sustained an industrial injury on 1/17/15. He reported initial symptoms involving the neck, right shoulder and low back. The injured worker was diagnosed as having neck sprain/strain; right shoulder rotator cuff tendinitis/bursitis; lumbar sprain/strain with radicular complaints. Treatment to date has included x-rays of neck and back-normal (1/17/15); medications. Currently, per the Orthopedic Initial Evaluation dated 2/18/15, the injured worker complains of "intermittent moderate neck pain associated with stiffness, a headache and pressure at the back of his neck and towards the head". It is also documented that the right shoulder/arm pain is intermittent and associated with grinding and popping sensation and low back pain radiates to both thighs and intermittent as well. The provider prescribed Naproxen, Omeprazole for pain and inflammation and Cyclobenzaprine for muscle spasms. The provider is also recommending chiropractic treatments for the right shoulder 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments for the right shoulder 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The orthopedic evaluation of 2/18/15 reported the patient with presenting complaints of neck, lower back and shoulder complaints. The injured worker was diagnosed as having neck sprain/strain; right shoulder rotator cuff tendinitis/bursitis; lumbar sprain/strain with radicular complaints. The UR determination denied care to the shoulder citing ACOEM Guidelines, table 2, summary of recommendations for shoulder disorders. The care as reviewed was not limited to the shoulder but included management of the cervical spine and lower back also with Chiropractic care. Reviewed medical records did not support the medical necessity for manual therapy of the shoulder, 8 sessions or comply with referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.