

<b>Case Number:</b>	CM15-0055149		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Chiropractic

### 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 52 year old female, who sustained an industrial injury on 07/09/2013. She has reported injury to the neck, bilateral shoulders, and low back. The diagnoses have included cervicalgia; lumbago; and status post left shoulder arthroscopy. Treatment to date has included medications, diagnostic studies, acupuncture, physical therapy, and surgical intervention. A progress note from the treating provider, dated 01/28/2015, documented a follow-up treatment visit with the injured worker. Currently, the injured worker complains of constant pain on the left side of the neck and arm. Objective findings included diffuse paracervical/thoracic tenderness; left shoulder tenderness. The treatment plan has included the request for chiropractic 2 times a week for 6 weeks for the cervical spine, lumbar spine, and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 6 weeks for the Cervical Spine, Lumbar Spine, and Bilateral Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Shoulder Section. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Low Back and Shoulder Chapters, Manipulation Sections/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for her injuries. The patient is status post left shoulder arthroscopy (9/13/2014). The patient has completed the post-surgical treatment period recommended by The MTUS Post-Surgical Treatment Guidelines (24 visits over 14 weeks). The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some improvements with treatment but no objective measurements are listed. The range of motion and pain levels are documented on one report but they are absent on subsequent reports. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The requested number of sessions far exceed the MTUS recommended number. I find that the 12 chiropractic sessions requested to the cervical spine, left shoulder and lumbar spine to not be medically necessary and appropriate.