

<b>Case Number:</b>	CM15-0059186		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2015

### 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:

This 63 year old male sustained an industrial injury on 11/22/13. He subsequently reported left shoulder pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include cervical and lumbar strain, bilateral wrist strain and right ankle/ foot strain. Treatments to date have included shoulder surgery, a spinal cord stimulator, chiropractic care, a back brace, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain, neck, bilateral shoulder and bilateral wrist and hand pain. A request for Chiropractic 2x week x 6 weeks Bilateral Shoulders, Lumbar Spine, and Right Ankle was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Chiropractic 2x week x 6 weeks Bilateral Shoulders, Lumbar Spine, and Right Ankle:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 Low Back, Ankle, Shoulder Chapters, Manipulation Sections/MTUS Definitions Page 1.

**Decision rationale:** The patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter 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 ODG Ankle Chapter does not recommend manipulation. The MTUS Post-Surgical Treatment Guides recommends manipulation as a means of providing physical medicine treatment for the shoulder for 6 months post-surgery. The patient has shoulder surgery in March of 2014. The post-surgical treatment time has passed. 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 records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The number of requested sessions far exceed the MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine, bilateral shoulders and right ankle to not be medically necessary and appropriate.