

<b>Case Number:</b>	CM15-0233115		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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

### 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 25 year old male, who sustained an industrial injury on 9-23-14. The injured worker was being treated for left shoulder impingement syndrome, insomnia, unspecified behavioral syndrome, left carpal tunnel syndrome, low back pain, intervertebral disc disorders with radiculopathy of lumbar region, strain of muscle, fascia and tendon of neck, sprain of ligaments of cervical spine and cervicgia. On 10-20-15, the injured worker complains of constant sharp, shooting, burning pain in neck rate 6-8 out of 10; constant sharp, shooting, burning pins and needles pain in low back with numbness rate 7 out of 10, occasional pins and needles pain and weakness of left wrist with associated numbness rated 3-4 out of 10, constant sharp, shooting pain of left shoulder with associated numbness rate 4-7 out of 10, trouble sleeping and anxiety, stress and depression. Work status is noted to be total temporary disability. Physical exam performed on 10-20-15 revealed slight tenderness of left shoulder on palpation with minimal tenderness of cervical spine paravertebral muscles bilaterally and slight tenderness of lumbar spine paravertebral muscles bilaterally. Decreased range of motion of cervical spine and left shoulder is also noted. Treatment to date has included physical therapy and activity modifications. On 11-4-15 request for authorization was submitted for Norco 10-325mg #120, TENS unit and chiropractic treatment 8 sessions to left shoulder. On 11-12-15 request for 8 sessions of chiropractic therapy to left shoulder was modified to 3 sessions of chiropractic therapy for left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy to the left shoulder 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Manual and Manipulative Therapy (MMT).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

**Decision rationale:** The claimant presented with chronic pain in the left shoulder, neck, and low back pain. Previous treatments include medications and physical therapy. There is no history of chiropractic treatments. While evidences based MTUS Guidelines only recommend chiropractic manipulation for frozen shoulder, ODG might recommend up to 9 chiropractic visits if there are evidences of functional improvements after 3 visits. The request for 8 visits exceeded the guidelines recommendations. Therefore, it is not medically necessary.