

<b>Case Number:</b>	CM14-0142108		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Chiropractic Services and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 45 year old female patient with chronic neck and left shoulder pain, date of injury is 06/15/2013. There is no previous treatments provide since the patient did not present for care until 07/18/2014. The patient had only been on modified duties starting 07/18/2014. Follow up report dated 07/31/2014 by the treating doctor revealed worsening of the patient symptoms with new complaints of pain through shoulder down arm in hand, 9/10. Objective findings include tender left shoulder. Diagnoses include shoulder sp/st and neck sp/st. The patient returned to modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Chiropractic treatments (2 x 3 weeks):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The patient presents with injury over 1 year with VAS of 9/10, yet she has not been receiving any medical care. There is no documentation of functional deficits as well as

a concurrent therapeutic exercise program for this patient. Based on the guidelines cited above, the request for 6 chiropractic treatments is not medically necessary.