MAXIMUS Federal Services

| Case Number: | CM14-0148918 | | |
|---|---|---|---|
| Date Assigned: | 09/18/2014 | Date of Injury: | 09/06/2013 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

## 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 licensed in Chiropractic 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:

The patient is a 48 year old female who was injured on 09/06/2013 due to a trip and fall sustaining an injury to her left shoulder, left forearm, and right knee. Prior treatment history has included extracorporeal shockwave treatments and chiropractic therapy.MRI of the left shoulder dated 12/18/2013 revealed mild impingement syndrome, fluid seen in the glenohumeral joint space and subdeltoid space; tendinosis and edema of the rotator cuff with a partial tear beneath the acromion. Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities dated 03/07/2014 demonstrated a normal study. On note dated 01/15/2014, the patient was seen for her complaints of pain to her right knee and left shoulder. She noted the pain medications help to reduce the pain and rated her pain as a 6/10 in the right knee. Her left shoulder pain is rated as 6/10 as well. On exam, the right knee exhibited medial and lateral tenderness. The left shoulder exhibited positive Neer's and Hawkin's tests. The patient is diagnosed with right knee sprain/strain-internal derangement and left shoulder sprain/strain. The patient was recommended for a pain management referral and chiropractic treatment twice weekly for 4 weeks. Prior utilization review dated 08/22/2014 states the request for Chiropractic treatment three times per week over four weeks is denied as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment three times per week over four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Manual Therapy & Manipulation, Page(s): 58.

**Decision rationale:** Regarding this request for Chiropractic treatment, the following is noted: "A lack of objective documentation within the patients records of prior treatments and outcomes; Specific goals of anticipated improvements in functional capacity this patient would experience with requested treatments; A lack of clarity as to which body part (lower back, left shoulder, left forearm or right knee) is to be treated with this request for Chiropractic treatment; The number of treatments requested as well as the time frame for this request exceeds the guidelines recommendation for treatment".CA MTUS Guidelines: "Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week.Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.Ankle &Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended".Per the CA MTUS guidelines referenced above, this request for Chiropractic treatment 3 times per week for 3 weeks would not be medically necessary.