

<b>Case Number:</b>	CM14-0160294		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/29/2004
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 10/29/2004. She was diagnosed with left shoulder muscle tear, cervical spine strain/sprain, cervical radiculopathy, and left shoulder impingement with calcific tendinitis. She was treated with cortisone injections to the shoulder, epidural injection, acupuncture, chiropractic therapy, and physical therapy. On 8/21/14, the worker was seen by her primary treating physician complaining of her recent increase in her neck and left shoulder pain, but denied any specific trauma to the areas. She reported physical therapy and chiropractic being helpful in the past (not quantified, no details given in the progress notes). She rated her pain at 4-6/10 on the pain scale. Physical examination findings revealed tender paraspinal muscles of the cervical spine with spasm and guarding, normal sensation, tender left shoulder with positive impingement sign and decreased range of motion of both the left shoulder and cervical spine. She was then recommended to see a chiropractor and follow-up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services with modalities, manipulation, and myofascial release 2x4 for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, she had experienced some nonspecific benefit, reportedly, from chiropractic treatment in the past, however, this was not specified and no reports from the time of these treatments were provided for review. She was then recommended to repeat the chiropractic treatments (8 sessions). Due to there not being any evidence of measurable and long-lasting benefit from previous chiropractic care found in the documents, the chiropractic services and modalities requested will be considered not medically necessary. Also, regardless of this lack of evidence from previous sessions, the request was for more than the 1-2 visit recommendation for repeat periodic visits.

**Chiropractic services with modalities, manipulation, and myofascial release 2x4 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, she had experienced some nonspecific benefit, reportedly, from chiropractic treatment in the past, however, this was not specified and no reports from the time of these treatments were provided for review. She was then recommended to repeat the chiropractic treatments (8 sessions). Due to there not being any evidence of measurable and long-lasting benefit from previous chiropractic care found in the documents, the chiropractic services and

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