

<b>Case Number:</b>	CM14-0168839		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

According to the available medical records, this is a 54 year old male with chronic neck and right shoulder pain, date of injury is 07/17/2013. Previous treatments include chiropractic, medications, physical therapy, chest surgeries for hemopneumothrorax and sterna fracture, an interferential (IF) unit, shockwave therapy to the right shoulder, and home exercise program. Progress report dated 08/29/2014 by the treating doctor revealed patient with complains of neck pain and right shoulder/arm pain, as well as pain and numbness in the bilateral wrists/hands, neck pain is 4-5/10, right shoulder/arm pain is 4/10, right wrist/hand pain is 3/10. Objective findings revealed grade 2 tenderness to palpation over the paraspinal muscles, grade 2 tenderness to palpation on the right shoulder with restricted range of motion (ROM), positive impingement test, grade 2 tenderness to palpation in right arm, grade 2 tenderness to palpation in bilateral wrists, positive Tinel's sign, and grade 2 tenderness to palpation in bilateral hands. Diagnoses include cervical spine sp/st with radiculitis, right third and fourth rib fracture, status post sterna fracture with subsequent open reduction and internal fixation, status post blunt injury of the chest, status post right thoracostomy tube placement, right traumatic hemopneumothorax, status post closed fracture of greater tuberosity of right humerus with anterior dislocation, tendinosis adhesive capsulitis, status post pneumomediastinum with residual breathing problems, status post right internal mammary artery injury, status post ligation of right internal mammary artery via transverse sternotomy, sleep disturbance secondary to pain, depression/anxiety. The patient remained on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued chiropractic 12 visits (2 times 6) to right shoulder and cervical:** 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 Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presents with ongoing neck and shoulder pain a year after injury. The available medical records showed there is a request for 12 chiropractic treatment on 05/28/2014 which the claimant had started with chiropractic treatment on 06/06/2014. However, there is no record of total visits completed. Subsequent chiropractic treatment request was on 07/16/2014, and the claimant completed 12 chiropractic visits from 07/18/2014 to 08/28/2014. Progress report dated 05/28/2014 revealed similar subjective and objective findings compare to report dated 08/29/2014 after the claimant completed chiropractic treatments. Progress report dated 07/16/2014 showed increased in neck and shoulders pain after the claimant started chiropractic treatments. Based on the guidelines cited above and due to lack of evidences of objective functional improvement, additional 12 chiropractic treatment requested is not medically necessary.