

<b>Case Number:</b>	CM14-0043077		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 34-year-old female with an original date of injury of May 5th, 2011. The injured worker's diagnoses include right shoulder strain, chronic low back pain, lumbar facet arthropathy, and pain related sleep disturbance. The disputed request is for 4 additional sessions of chiropractic therapy. The utilization reviewer who authored the determination was unable to speak with the requesting provider and specified that there is no "quantifiable clinical correlation to support this request."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Additional Chiropractic Treatments for the Right Shoulder, 2 times a week for 2 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation ACOEM - [https:// www.acoempracguides.org/Shoulder Disorders](https://www.acoempracguides.org/Shoulder%20Disorders); Table 2, Summary of Recommendations, Shoulder Disorders.

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

**Decision rationale:** In order for further sessions of chiropractic manipulation to be medically necessary, there should be documentation of functional improvement with previous sessions of chiropractic care. In the case of this injured worker, the submitted documentation is largely handwritten and difficult to decipher. I do not see clear evidence of functional improvement from previous physical therapy although I do see several chiropractic progress notes. There is a typed letter on June 11, 2014 which attempts to address the concerns of the utilization reviewer. Although this note cites the guidelines in terms of the appropriateness of chiropractic manipulation, there is no specific documentation of functional improvement as well as specification of the duration of previous chiropractic manipulation. There is only mention of the fact that "chiropractic therapy was requested to manage pain and increase range of motion and strength." Therefore this request is not medically necessary.