

<b>Case Number:</b>	CM14-0085162		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 50-year old female who suffered an injury to her neck, upper back and right shoulder on 7/09/2008 as a result of a slip and fall incident. Per the PTP's progress report the chief complaints are "Constant moderate pain within the cervical region with radiation into the upper kinetic chain. More than frequent moderate to less than moderate pain within the right gleno-humeral region." The patient has been treated with medications, physical therapy, home exercise program and chiropractic care. The diagnoses assigned by the treating chiropractor are cervical neuritis and late effects of cervical and right shoulder sprain. Diagnostic imaging studies have not been performed per the records provided. The PTP is requesting 2 chiropractic sessions per week for 2-3 weeks to the neck and right shoulder (to include manipulation, micro-current, traction, myofascial release and work conditioning/functional restoration to reduce flare-up). The carrier has modified the request and approved 2 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2x/ week for 2-3 weeks (to include: manipulation, micro-current, traction, myofascial release, and work conditioning/ functional restoration to reduce flare-up): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy/ manipulation Page(s): 58-59.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Sections. Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page

**Decision rationale:** The chiropractic records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The findings are recorded at the time of flare-ups in three separate occasions but progress notes that chronicle the improvement as the patient is treated are not provided in the records. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment."The MTUS ODG Neck & Upper Back and Shoulder chapters recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement," 1-2 sessions every 4-6 months. I find that 2 chiropractic sessions per week for 2-3 weeks to the neck and right shoulder (to include manipulation, micro-current, traction, myofascial release and work conditioning/functional restoration to reduce flare-up) to not be medically necessary and appropriate.