

<b>Case Number:</b>	CM14-0214121		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Chiropractor

### 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 57 year old male with chronic neck and shoulder pain, date of injury is 05/10/2012. Previous treatments include medications, injection, right shoulder arthroscopic surgery, physical therapy, H-wave unit, and work hardening. Progress report dated 11/20/2014 by the treating doctor revealed patient presented with cervical and right shoulder pain, 7/10. Cervical ROM decreased with spasm, right shoulder weakness. Diagnoses include cervical disc herniation and right brachial flexus. The patient remained off work. The rest of the report is hand written with poor quality copied and very difficult to read.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic neck and shoulder pain despite previous treatments with medications, injections, arthroscopy, H-wave therapy, physical therapy. Review of the available medical records showed multiple requests for chiropractic treatments. However, there are no previous chiropractic treatment records available for review. It is unclear how many chiropractic visits the claimant has had and treatment outcomes. The current request for 12 chiropractic visits with physiotherapy also exceeded the guidelines recommendation for a total of 6 chiropractic visits over 2 weeks. Therefore, the request for chiropractic therapies is not medically necessary.