

<b>Case Number:</b>	CM14-0069802		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 43-year-old male with a 7/9/13 date of injury. The injury occurred when he was standing on top of a bridge, and a semi-truck struck the bridge, throwing him 3-4 feet into the air. According to a progress report dated 3/19/14, the patient complained of lumbar spine pain rated as a 3/10 without bilateral lower extremity radicular symptoms. He complained of bilateral knee pain with popping and clicking, rated as a 3/10. He stated that his cervical spine, thoracic spine, bilateral shoulders, and right wrist were improving with conservative treatment. He was to start physical therapy on 3/19/14 and acupuncture on 3/13/14. Objective findings: limited lumbar and cervical spine range of motion, mild pain in bilateral shoulders, right wrist pain on grasping and pain in the knees with increased pain on climbing, which was associated with popping and clicking. Diagnostic impression: sprain/strain of lumbar/cervical/thoracic spine, bilateral shoulder strain, right wrist strain, left knee strain. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 4/21/14 denied the retrospective request for 6 chiropractic therapy treatment. This patient is being treated for a sprain/strain to his spine diffusely as well as his knees, shoulders, and right wrist. This request is for maintenance chiropractic, which is not supported by MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective chiropractic therapy treatment to the cervical thoracic, lumbar spine, bilateral shoulders x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Manual Therapy & Manipulation Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299; 173, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter, and on the Neck and Upper Back Chapter, Manipulation

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. CA MTUS does not address chiropractic treatment of the shoulder. ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. However, guidelines support a total of up to 18 visits for low back and neck complaints and do not generally support beyond 2-3 visits for shoulder complaints. In the present case, it is noted that this patient has been receiving chiropractic treatment since at least 10/10/13, and has exceeded guideline recommendations. Guidelines do not support maintenance care using this treatment modality. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for 6 retro chiropractic therapy treatments to the cervical thoracic, lumbar spine, bilateral shoulders was not medically necessary.