

<b>Case Number:</b>	CM14-0076416		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/07/2001
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, Oriental Medicine

### 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 57 year old male, who sustained an industrial injury on September 7, 2001. He reported injuring his back when he was trying to remove a damaged drum that was spilling oil. The injured worker was diagnosed as having pain in shoulder joint, subacromial impingement syndrome, back pain, sciatica, complete rotator cuff tear (non-traumatic), shoulder region osteoarthritis, and symptoms referable to shoulder joint. Treatment to date has included physical therapy, MRIs, epidural steroid injections (ESIs), left shoulder surgeries, and medication. Currently, the injured worker complains of left shoulder pain and right shoulder pain. The Treating Physician's report dated April 29, 2014, noted the injured worker's current medications as Losartan-Hydrochlorothiazide, MSir, Edluar, Morphine ER, and Amlodipine. Physical examination was noted to show moderate tenderness at the lower lumbar spine with positive straight leg raise bilaterally, and positive bilateral facet loading tests. The right shoulder examination was noted to show limited but functional range of motion (ROM), with the left shoulder having slightly decreased internal rotation. The treatment plan was noted to include a referral to a dentist, and referrals for chiropractic treatments and therapeutic massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown sessions of Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 5/21/15 denied the requests for Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The reviewed documents failed to establish the medical necessity for Chiropractic care is excess of guidelines recommendations for care at 2 visits every 4 months to manage chronic pain. The request for care failed to establish flare or exacerbation where additional care would be reasonable. The medical necessity for Chiropractic care beyond application of care for chronic conditions was not provided. Therefore is not medically necessary.

**6 sessions of Massage Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM 2004 OMPG Low Back, ch 12. 300.

**Decision rationale:** The UR determination of 5/21/15 denied the requests for massage therapy citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect application of massage therapy without clinical evidence that at completion of the initial trial of care, 6 sessions that any objective clinical evidence of functional improvement was documented sufficient to support additional care. The medical necessity to continue massage therapy after the initial 6 sessions was not provided in the reviewed medical records or consistent with referenced ACOEM Treatment Guidelines. Therefore is not medically necessary.