

<b>Case Number:</b>	CM15-0010672		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Chiropractic

### 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 with a date of injury as 06/17/2010. The current diagnoses include thoracic sprain/strain, cervical sprain or strain, and sprain/strain shoulder. Previous treatments include medications and prior chiropractic treatments. The patient is status post right shoulder rotator cuff repair surgery. Report dated 01/06/2015 noted that the injured worker presented with complaints that included increased pain with gait over the holidays with stretching and walking. Physical examination revealed sensory loss lower extremity, positive Kemps, McMurray's, anterior draw, and valgus stress bilaterally, decreased range of motion right and left knee, and decreased range of motion in the lumbar spine. The utilization review performed on 01/16/2015 non-certified a prescription for chiropractic treatment (2-sessions). The PTP requested 6 sessions. The UR department has modified the request and approved 4 sessions and denied 2. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment (6-sessions): 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 Manipulation Chapter 8 Page(s): 5. Decision based on Non-MTUS Citation Neck & Upper Back and Shoulder Chapters MTUS Definitions

**Decision rationale:** The patient has suffered injuries to his neck, upper back low back, knee and right shoulder. The date of injury is 2010 with the right shoulder surgery performed in 2012. Per The MTUS Post -Surgical Treatment Guidelines, the patient is well past post-op physical medicine treatment period of 16 weeks for rotator cuff repair. The ODG Neck and Shoulder Chapters for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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 Chronic Pain Medicine Treatment Guidelines recommends additional chiropractic care with evidence of objective functional improvement. The PTP describes some Improvements with treatment but no objective measurements are listed. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 6 additional chiropractic sessions requested to the cervical spine, shoulder and thoracic spine to not be medically necessary and appropriate.