

<b>Case Number:</b>	CM15-0114374		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/29/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 56 year old female, who sustained an industrial injury on 8/29/09. She reported pain in her neck and bilateral shoulders. The injured worker was diagnosed as having cervical spondylosis, lumbar strain, status post bilateral shoulder surgery and multilevel cervical degenerative disc disease. Treatment to date has included C5-C6 epidural injection on 2/20/14 with 80% improvement, chiropractic treatment x 18 with benefit and physical therapy. Current medications include Norco, Gabapentin, Flexeril and Omeprazole. As of the PR2 dated 5/7/15, the injured worker reports pain over the cervical spine and left arm. Her lower back is also symptomatic and is affecting her lower extremities. Objective findings include cervical flexion is 35 degrees, extension is 20 degrees, right rotation is 20 degrees and left rotation is 15 degrees. She also has bilateral lumbar paraspinous tenderness from L4-S1 with 1+ muscle spasms. The treating physician requested chiropractic manipulation 2 x weekly for 3 weeks, therapeutic exercises 2 x weekly for 3 weeks, neuro muscular re-education 2 x weekly for 3 weeks and electrical muscle stimulation 2 x weekly for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro manipulation 2x3:** 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 Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The patient is a 56 year old female with an injury on 08/29/2009. She has neck and bilateral shoulder pain. She has been treated with physical therapy and at least 18 visits of chiropractic therapy. The patient already has been treated with chiropractic therapy which is a form of physical therapy. MTUS does not provide for chronic, maintenance chiropractic therapy. There is no documentation of an acute injury. The requested additional chiropractic therapy is not medically necessary.

**Therapeutic exercises 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient is a 56 year old female with an injury on 08/29/2009. She has neck and bilateral shoulder pain. She has been treated with physical therapy and at least 18 visits of chiropractic therapy. This is a form of physical therapy. She has been treated with physical therapy. By this point in time relative to the injury she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time. Therefore the request is not medically necessary.

**Neuro muscular Re-Ed 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient is a 56 year old female with an injury on 08/29/2009. She has neck and bilateral shoulder pain. She has been treated with physical therapy and at least 18 visits of chiropractic therapy. This is a form of physical therapy. She has been treated with physical therapy. By this point in time relative to the injury she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time. Therefore the request is not medically necessary.

**Electrical muscle stim 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation / TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165 - 220.

**Decision rationale:** The patient is a 56 year old female with an injury on 08/29/2009. She has neck and bilateral shoulder pain. She has been treated with physical therapy and at least 18 visits of chiropractic therapy. This is a physical therapy modality that is not recommended treatment according to the ACOEM guidelines. It is not medically necessary.