

<b>Case Number:</b>	CM15-0115715		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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:

The injured worker is a 28 year old female, who sustained an industrial injury on February 3, 2012. The injured worker reported a burning radiating pain in her shoulder. Treatment to date has included modified work duties, NSAID medications, and physical therapy. Currently, the injured worker complains of mild pain in the cervical and thoracic spine. She reports pain in the bilateral shoulders and notes that there is popping and clicking. She rates her shoulder pain a 4 on a 10-point scale. She is pregnant with a due date in November. On physical examination the injured worker has tenderness to palpation of the cervical and thoracic spine with spasm. She exhibits normal bilateral upper extremities motor skills. The diagnoses associated with the request include cervical spine sprain/strain with bilateral upper extremities radiculopathy, thoracic spine sprain/strain and bilateral shoulder sprain/strain. The treatment plan includes chiropractic therapy following clearance from the injured worker's obstetrician and discontinuation of Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 3 times wkly for 4 wks, 12 sessions for Cervical, Thoracic and Bilateral Shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation; Functional improvement; Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm.

**Decision rationale:** Per the guidelines "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The claimant presented with chronic pain in the neck, thoracic, and bilateral shoulders. Reviewed of the available medical records showed no prior chiropractic treatments. Evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks. Thus, current request for 12 chiropractic session exceed both MTUS guidelines recommendation for spinal manipulation and ODG recommendation for the shoulders. Therefore, it is not medically necessary.