

<b>Case Number:</b>	CM15-0119452		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This is a 28 year old female with an April 24, 2014 date of injury. A progress note dated May 21, 2015 documents subjective complaints (constant aching pain with intermittent burning pain in the neck primarily on the right side; increased pain with neck and shoulder movement; numbness and tingling in the right forearm and hand; right arm feels weak; activity level limited due to pain; pain causing increased anxiety and sleep disturbances; pain rated at a level of 8-9/10), objective findings (tenderness to palpation in the right trapezius region; pain with right-sided cervical facet loading; decreased range of motion of the cervical spine; decreased sensation at C5, C6, C7, and C8 dermatomes on the right; decreased strength of the biceps, internal rotators, external rotators, wrist extensors, and wrist flexors on the right; pain with range of motion of the right shoulder), and current diagnoses (cervical disc herniation at C4-5; cervical facet arthropathy). Treatments to date have included physical therapy with an increase in pain, shoulder injection which caused increased numbness and pain down the right upper extremity, medications, electromyogram on October 14, 2014 that showed no abnormal findings and magnetic resonance imaging of the cervical spine on December 5, 2014 that showed a minimal central disc protrusion at C4-5. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the right shoulder. The treating physician documented a plan of care that included chiropractic treatment for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care x8 for the right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Manipulation Section.

**Decision rationale:** The patient has not received chiropractic care for her left shoulder injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommend manipulation for musculoskeletal conditions. The ODG Shoulder Chapter also recommends a brief trial of chiropractic care 9 sessions over 8 weeks with evidence of objective functional improvement. I find that the initial trial of 8 chiropractic sessions requested to the left shoulder are medically necessary and appropriate.