

<b>Case Number:</b>	CM15-0121318		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/17/2015
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female patient who sustained an industrial injury on 04/17/2015. The accident was described as while working as a housekeeper she slipped and fell on the right side of her body causing injury to her back, neck, chest and lower extremities. A primary treating office visit dated 05/22/2015 reported present complaints of having upper back constant pain that radiated to her head accompanied by numbness, and tingling. She states taking Naproxen. She also has complaint of right shoulder intermittent pain. In addition, there is mid back and lower back pain. She is also with tension, sleepiness, and anxiety. The following diagnoses were applied: right leg contusion; cervical spine strain/sprain; right shoulder strain/sprain, and medication induced gastritis. The plan of care involved recommending chiropractic care to include supervised physiotherapy, acupuncture sessions and obtain a magnetic resonance imaging of right shoulder. She was prescribed Flexeril, ibuprofen, Pantoprazole DR, and transdermal compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week for 6 weeks for the cervical spine and shoulder:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-manual medicine.

**Decision rationale:** Chiropractic therapy 2 times a week for 6 weeks for the cervical spine and shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ODG states that for cervical radiculopathy states that there should be a trial of 6 visits over 2-3 visits. The MTUS states that the time to produce improvement is typically with functional improvement additional manual medicine can be continued. The ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The documentation indicates that the patient has had prior chiropractic care for the neck and shoulder (6 certified visits) however the documentation does not reveal evidence of significant objective functional improvement therefore additional therapy cannot be certified. Therefore, the requested treatment is not medically necessary.

**Acupuncture 2 times a week for 6 weeks for the cervical spine and shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture 2 times a week for 6 weeks for the cervical spine and shoulder is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture therefore this request is not medically necessary.