

<b>Case Number:</b>	CM15-0124477		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Oriental 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 47 year old female who sustained an industrial injury on 2/28/14. Diagnoses are unspecified pelvic joint derangement, unspecified derangement shoulder region, and neck sprain and strain. In a progress report dated 6/3/15, the physician notes Right shoulder pain is activity dependent. Right hip pain persists with prolonged weight bearing. Hip pain is most prominent over the lateral and posterior aspect of the hip with intermittent radiation to the right inguinal region. Low back and sacroiliac pain remain frequent and constant. Right hip range of motion is reduced in all planes with pain. There is tenderness to palpation of the hip. There is a positive anvil test. The right shoulder is positive for impingement and 4/5 rotator cuff strength with pain. Previous treatment includes, x-rays, MRI- right hip and shoulder, corticosteroid injections to the right hip and to the right shoulder, physical therapy, and acupuncture. Work status is to return to work 6/3/15. The treatment requested is chiropractic therapy for right pelvic joint, right shoulder, neck and lumbar, 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy for Right Pelvic Joint, Right Shoulder, Neck & Lumbar, 8 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 6/11/15 UR determination denied the request for an additional 8 sessions of Chiropractic care to the patients pelvis, right shoulder, neck and lumbar spines citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records of prior applied care failed to document objective clinical evidence that prior applied care lead to measurable functional improvement leaving additional care contrary to CAMTUS Treatment Guidelines. The medical necessity for additional Chiropractic care, 8 sessions to the pelvis, spine and shoulder was not supported by reviewed records or complies with CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.