

<b>Case Number:</b>	CM15-0127258		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Minnesota

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 62 year old female, who sustained an industrial injury on 3/13/13. The injured worker has complaints of left shoulder pain. The documentation noted left shoulder range of motion, the injured worker maintained an active forward flexion to 130 degrees, extension to 40 degrees, abduction to 130 degrees, adduction to 30 degrees, internal rotation to 70 degrees and external rotation to 70 degrees. The diagnoses have included cervicalgia and left shoulder status post rotator cuff repair, now with 10 millimeter retraction, supraspinatus with denervation atrophy and subscapular high-grade partial tear. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 1/8/15 showed an unremarkable cervical spine magnetic resonance imaging (MRI) scan; Norco; Tramadol and topical marijuana application. The request was for chiropractic treatment 3x4 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3x4 weeks for the Cervical Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 and 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic treatment 3x4 weeks or 12 visits for the cervical spine. The request for treatment (3x4 or 12 visits) is not according to the above guidelines (3x2 or 6 visits) and therefore the requested treatment is not medically necessary and appropriate.