

<b>Case Number:</b>	CM15-0173777		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Preventive Medicine, Occupational 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:

This 59 year old female sustained an industrial injury on 12-15-14. Documentation indicated that the injured worker was receiving treatment for lumbar spine spondylosis, lumbago, sciatica, multilevel cervical disc disease and left shoulder joint injury. Previous treatment found within the documentation submitted for review consisted of medication management. Magnetic resonance imaging cervical spine (2-19-15) showed multilevel degenerative disc disease with disc protrusions, straightening of the cervical lordosis and a lesion at C6. Magnetic resonance imaging left shoulder (2-19-14) showed tendinitis of the supraspinatus, subscapularis and infraspinatus tendons and posterior displacement of the humeral head. Electromyography and nerve conduction velocity test bilateral upper extremities (2-3-15) shoed moderate bilateral carpal tunnel syndrome. On 7-1-15, the injured worker presented to Emergency Department complained of shooting pain throughout her body. The injured worker stated that her primary care physician would not see her and fill her medications because it was a worker's compensation case. The injured worker reported that she had run out of medications one month prior and had been taking her sister's medications for pain. The injured worker was requesting medication refills. Physical exam was remarkable for tenderness to palpation of the lower extremities throughout with "normal range of motion", "mild" tenderness to palpation to the left shoulder with "full" range of motion, diffuse paraspinal tenderness to palpation without central spine tenderness to palpation. The injured worker was "ambulating well" but had pain in the left calcaneus on ambulation. The treatment plan included medications refills (Gabapentin) and a referral for a new primary care physician. On 7-17-15, a request for authorization was submitted

for chiropractic therapy for the left shoulder once a week for six weeks and orthopedic evaluation and treatment. There have been 10 or more prior chiropractic treatments to the left shoulder. On 8-14-15, Utilization Review non certified a request for additional chiropractic therapy times six for the left shoulder and orthopedic evaluation and treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment for the left shoulder 1 time a week for 6 weeks, quantity: 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** MTUS Guidelines are not supportive of long term chiropractic treatment for chronic conditions. The Guidelines support up to a trial of 6 sessions to establish lasting functional benefits and pain relief. This individual has completed at least 10 sessions of prior chiropractic treatment for the left shoulder and there is no documentation of functional benefits or impacts on other treatment needs. Under these circumstances, the request for an additional 6 sessions of chiropractic treatment is not supported by Guidelines and is not medically necessary.

**Orthopedic evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** MTUS Guidelines allow for specialty referral when the diagnosis and treatment are unclear and/or beyond the skill level of the primary treating physician. The Guidelines also allow for possible shoulder surgery if a rotator cuff syndrome is present and in not improving within 3-6 months. Under both of these circumstances an Orthopedic Surgery Referral is medically reasonable for this individual. The request for Orthopedic evaluation and treatment is supported by Guidelines and is medically necessary. Any treatment recommended by the Orthopedist can be reviewed for compliance with Guidelines, this recommendation for approval of an evaluation and treatment should not be interpreted as an open ended recommendation for approval of any future treatment(s).