

<b>Case Number:</b>	CM15-0177533		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/11/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

### 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 54-year-old female who sustained an industrial injury on 3-11-15. The injured worker reported pain in the left lower extremity, neck, left upper extremity, left shoulder and urinary incontinence. A review of the medical records indicates that the injured worker is undergoing treatments for cervical sprain strain with radiculitis, left shoulder weakness rule out rotator cuff tear, lumbosacral sprain strain with radiculitis to the left, left knee contusion and left ankle sprain. Provider documentation dated 6-9-15 noted the work status as "She was taken off work on March 12, 2013 and she has not worked since." Treatment has included radiographic studies, injection therapy, and oral analgesics, Norco since at least March of 2015, Flexeril since at least March of 2015 and Ibuprofen since at least March of 2015. Physical examination dated 6-9-15 was notable for cervical spine with left sided limited rotation, pain upon overhead circumduction of shoulder, pain with full range of motion of the wrist and hand. The treating physician indicates that a baseline urine drug testing was performed at the 6-9-15 examination. The original utilization review (8-18-15) denied a request for chiropractic kinetic activities 3 times a week over 6 weeks and return to clinic in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic kinetic activities 3 times a week over 6 weeks: 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:** The claimant presented with ongoing neck and left shoulder pain. Previous treatments include medications, injections, and modified work duties. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 18 visits exceeded the guidelines recommendations. Therefore, without evidences of objective functional improvements, it is not medically necessary.

**Return to clinic in 4-6 weeks:** 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): Introduction, Manual therapy & manipulation, Physical Medicine.

**Decision rationale:** The claimant presented with ongoing pain in the neck and shoulder. Previous treatments include medications, injections, and activities modifications. Concurrent request for 18 chiropractic visits is not medically necessary based on MTUS guidelines recommendations. Therefore, request for follow up visits with the chiropractor is not medically necessary because there is no treatment visits recommended.