

<b>Case Number:</b>	CM15-0025626		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 62 year old female, who sustained an industrial injury on 8/19/2009. She has reported crush injury to left fifth toe, back pain, left ankle and right knee pain. The diagnoses have included low back pain, lumbar degenerative disc disease, Kyphoscoliosis and scoliosis, osteoarthritis of ankle and foot, and shoulder arthritis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, home exercise, chiropractic therapy. Currently, the IW complains of continued pain in lower back, right knee and right shoulder. Physical examination 2/11/15 was essentially unchanged from the evaluation completed on 1/7/15, and documented lumbar tenderness over L5-S1 and left thoracic facet area and limited Range of Motion (ROM). The plan of care included pain management referrals, chiropractic care pending authorization and Mobic. On 1/26/2015 Utilization Review non-certified of additional six (6) sessions chiropractic therapy sessions right shoulder and lumbar spine, noting the documentation did not support medical necessity of the requested treatment over an aggressive home exercise program. The MTUS Guidelines were cited. On 2/10/2015, the injured worker submitted an application for IMR for review of additional six (6) sessions chiropractic therapy sessions right shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of chiropractic treatment for the right shoulder and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing low back and shoulder pain despite previous treatments with medications, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed she has had prior chiropractic treatments. However, there is no previous chiropractic treatment records available, the total number of visits is unknown, and treatment outcomes are not documented. Therefore, the request for additional 6 chiropractic treatment sessions is not medically necessary.