

<b>Case Number:</b>	CM15-0046545		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Chiropractic

### 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 male, who sustained an industrial injury on January 7, 2014. He reported that while lifting a set of walls, he felt a burning pain in his left shoulder and lumbar spine. The injured worker was diagnosed as having left shoulder pain and status post left shoulder arthroscopy and repair of labral tear on November 13, 2014. Treatment to date has included left shoulder surgery November 13, 2014, physical therapy, and medication. Currently, the injured worker complains of left shoulder pain and low back pain. The Primary Treating Physician's report dated February 4, 2015, noted the injured worker reporting physical therapy had improved his range of motion (ROM), but continued to need more strengthening. The injured worker reported a sharp pain in the anterior left shoulder with abduction external rotation and while steering his car with a circular motion while pushing on the wheel. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions 2 x 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 56 and 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

**Decision rationale:** Per the review, material provided chiropractic care has not been rendered to this patient in the past for his low back injury. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommends a trial of chiropractic care 6 sessions over 2 weeks. Since this patient has not received any chiropractic care to his lower back, I find that an initial trial of 8 sessions of chiropractic care to the lower back to be medically necessary and appropriate.