

<b>Case Number:</b>	CM15-0060712		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 50-year-old female, who sustained an industrial injury on 3/14/14. She reported initial complaints of a fall onto her back and right side. The injured worker was diagnosed as having cervical strain; shoulder impingement right; lateral epicondylitis right; lumbar sprain/strain. Treatment to date has included physical therapy, chiropractic therapy; EMG/NCV upper extremities (7/15/14); MRI of right shoulder with arthrogram (8/4/14) medications. Currently, the PR-2 notes dated 2/26/15 the injured worker indicates improvement since last office visit due to the chiropractic therapy already received which helps her pain and function. She has more range of motion as well as do activities of daily living with less pain. She is currently prescribed cyclobenzaprine Hcl 10mg Omeprazole 20mg, Ibuprofen 800mg, Capsaicin 0.025% cream and Tramadol 50mg. The provider's treatment plan included the same course of medications, a back support and chiropractic Care 3x4 for the lumbar spine, right arm, and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care 3x4 for the lumbar spine, right arm, right shoulder:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm.

**Decision rationale:** The claimant presented with ongoing pain in the neck, right shoulder, right arm, and back despite previous treatment with physical therapy, chiropractic, bracings and medications. While MTUS guidelines do not recommend chiropractic treatments for the forearm, the claimant has had at least 6 chiropractic treatments. The request for additional 12 visits also exceeded the ODG guidelines recommendation for the shoulder. Therefore, based on the guidelines cited, the request for additional 12 chiropractic treatments is not medically necessary.