

<b>Case Number:</b>	CM15-0066486		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Oriental 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:

The injured worker is 21 years of age and sustained an industrial injury on 2/12/15. The injured worker reported symptoms in the cervical spine and left upper extremity. The injured worker was diagnosed as having cervical sprain/strain, cervical myofascitis, and rule out cervical disc protrusion, left shoulder sprain/strain, left elbow sprain/strain, and left wrist sprain/strain. Treatments to date are not noted on the included documentation. Currently, the injured worker complains of decreased range of motion in the cervical spine and left upper extremity. The plan of care was for chiropractic treatments and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic Manipulation for the left shoulder, three sessions a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 4/7/15 denied the request for Chiropractic care, 3x6 sessions citing CAMTUS Chronic Treatment Guidelines. The PR-2 of 3/23/15 reported no residual subjective pain complaints along with no examination deficits to support the request for Chiropractic care, 18 sessions. The reviewed medical reports did not provide the medical necessity for requested Chiropractic care, 18 sessions or satisfy the criteria for care per CAMTUS Chronic Treatment Guidelines. The request was not medically necessary, and the denial of care was reasonable and supported by referenced guidelines.