

<b>Case Number:</b>	CM15-0073828		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 63 year old female, who sustained an industrial injury on 08/16/2010. On provider visit dated 03/05/2015 the injured worker has reported neck pain and left arm pain. On examination of the cervical spine was noted to have tenderness to palpation and marked spasm of the left side of the neck and left trapezius and medial left scapula. The diagnoses have included cervical spine degenerative disease C5-6, C6-7 with symptoms of left upper extremity radiculitis and left shoulder status post arthroscopy/ASAD/arthroscopic rotator cuff repair. Treatment to date has included medication. The provider requested chiropractic treatment 8 visits for the neck and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 8 visits for the neck and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**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 Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated.

**Decision rationale:** The claimant presented with chronic neck and left shoulder pain. History of prior treatments are not available for review. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, total up to 18 visits over 6-8 weeks if there are evidences of objective functional improvement, the request for 8 visits exceeded the guidelines recommendation. Regarding the shoulder, MTUS guidelines do not address the issue of chiropractic manipulation for the shoulder. ODG, however, suggest chiropractic manipulation not advisable beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. Therefore, the request for 8 chiropractic treatment visits for the neck and left shoulder is not medically necessary.