

<b>Case Number:</b>	CM15-0079586		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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 48 year old male injured worker suffered an industrial injury on 6/19/2014. The diagnoses included cervical spine strain/sprain, right shoulder impingement syndrome, rotator cuff tear, and right elbow lateral epicondylitis. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with acupuncture, chiropractic therapy, home exercise program, and physical therapy. On 3/27/2015 the treating provider reported right shoulder pain 7/10 with frequent achy, sharp pain. The cervical spinal pain was 5/10 and the chiropractic therapy was helping mildly. The right elbow pain was 5 to 6/10. The treatment plan included Chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x week x 6 weeks Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

**Decision rationale:** A request for chiropractic treatment at 2 times per week for 3 weeks submitted on 2/16/2015. These 6 treatments were certified. On 3/27/2015 the claimant was reevaluated and a request for 12 additional treatments submitted. However, at the time of the 3/27/2015 reevaluation the claimant had only completed 2 of the authorized 6 treatments. The request for 12 additional treatments was denied based on the rationale that the claimant had not completed the previously authorized 6 treatments. I am in agreement with the previous reviewer that the claimant should complete the previously authorized 6 treatments before requesting authorization for additional treatment. There did appear to be overall improvement with a reduction in pain levels from 6/10 25/10 following the initial 2 treatments. Therefore, at this time, the medical necessity for the requested 12 additional treatments is not supported for medical necessity pending the outcome of the previously authorized treatments. This recommendation is consistent with MTUS guidelines. The request is not medically necessary.