

Case Number:	CM13-0047171		
Date Assigned:	07/02/2014	Date of Injury:	06/19/2012
Decision Date:	09/17/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old female with a 6/19/12 date of injury. She injured her elbow as a result of the repetitive tasks performing her job. According to a progress report dated 10/9/13, the patient complained of pain in both elbows. She has been treated with medications and 2 months of physical therapy that have not been beneficial. The pain in both elbows comes and goes and is worse with daily activities. Objective findings: normal light touch median, ulnar, radial, lateral antebrachial, axillary nerve distribution; mild tenderness to palpation on the greater tuberosity, posterior joint line; tenderness to palpation along the lateral epicondyle bilaterally with pain with resisted wrist extension. Diagnostic impression: bilateral shoulder pain, rule out rotator cuff tears, left worse than right; bilateral lateral epicondylitis. Treatment to date: medication management, activity modification, cortisone injections, physical therapy. A UR decision dated 10/4/13 denied the request for chiropractic 2xwk x 6 weeks, bilateral elbow. There was no documentation as to the patient's limitations as a result of her elbow pain. There was no indication when the elbow pain reoccurred as the note from 12/4/12 reported her pain had resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC SESSIONS FOR BILATERAL ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

Decision rationale: CA MTUS does not apply. ODG states that insufficient evidence exists to evaluate many physical modalities, including manipulation, used to treat disorders of the elbow, often employed based on anecdotal or case reports alone. In general, if approved on a limited basis, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards pain reduction VAS greater than 4 changes and returning to regular work are demonstrated. It is unclear if the patient has had previous chiropractic treatment of her elbow. Guidelines only support up to 3 visits of chiropractic treatment for an initial trial. However, this request is for 12 sessions, which exceeds guideline recommendations. Therefore, the request for Twelve (12) Chiropractic Sessions for Bilateral Elbow was not medically necessary.