

Case Number:	CM13-0057170		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2013
Decision Date:	03/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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 physician 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 patient with a date of injury of 6/18/13. A utilization review determination dated 11/14/13 recommends modification of chiropractic physiotherapy 2 x 3 right elbow to a total of 3 visits. An 11/15/13 progress report identifies elbow pain despite medication, TENS, and cortisone injection. The patient has been going to chiropractic therapy sessions since August with little lasting benefit. There is tenderness to palpation over the medial and lateral epicondyle. The provider recommended an orthopedic consultation for the left elbow, continuation with chiropractic physiotherapy and icing, and Prilosec and ibuprofen as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 x per week for 3 weeks, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Manipulation

Decision rationale: Regarding the request for chiropractic physiotherapy 2 x week for 3 weeks, right elbow, California MTUS and ACOEM specifically give no recommendation for this

treatment noting that quality studies are available on manipulation in subacute and chronic lateral epicondylalgia patients, but the available studies conflict on whether it is beneficial. ODG recommends up to 3 visits contingent on objective improvement documented (ie. VAS improvement greater than 4), with further trial visits up to 3 more contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. Within the documentation available for review, there is documentation that the patient had been utilizing chiropractic therapy previously without significant benefit. In light of the above issues, the currently requested chiropractic physiotherapy 2 x week for 3 weeks, right elbow is not medically necessary.