

Case Number:	CM13-0065529		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2012
Decision Date:	12/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 Chiropractic, has a subspecialty in Acupuncture 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:

The injured worker is a 42 year old female who reported right elbow pain from injury sustained on 06/14/12. She was putting labels on hair spray cans when one of the cans exploded and she sustained a laceration on her right upper extremity. MRI of the right elbow revealed tendinosis of common extensor tendon; possible partial thickness tear of the lateral collateral and lateral ulnar collateral ligament; and intra-articular fluid/effusion. Patient is diagnosed with right elbow pain, status post forearm laceration with residual pain and headaches. Per medical notes dated 09/25/13, patient complains of moderate to severe sharp, stabbing pain in the right forearm rated at 6/10. Headaches rated at 6-7/10. Examination revealed right elbow tenderness over the lateral epicondyle and brachioradialis muscles. Per medical notes dated 09/30/13, patient complains of headaches rated at 7-8/10. Patient complains of sharp, stabbing, right elbow pain rated at 3-4/10. Pain is described as constant, moderate to severe. Patient is status post right forearm laceration with residual sharp, stabbing pain. Her pain is described frequent to constant, moderate to severe and is rated at 6/10. Provider requested 3X6 acupuncture for right elbow pain. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 visits per week for 6 weeks for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59, "Recommended for chronic pain if caused by musculoskeletal conditions. 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 objectively measureable gain sin functional improvement that facilitates 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 is not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines are: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". It is unclear if the patient has had prior chiropractic treatments. Provider requested trial of 18 chiropractic treatment for right elbow pain. Requested visits exceed the quantity of Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.