

<b>Case Number:</b>	CM14-0006779		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 licensed in Chiropractic Services 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 patient is a 49-year-old male, born on [REDACTED], who experienced a right upper extremity work-related injury when he slipped/tripped and fell on 03/04/2010. The patient underwent examination on 02/05/2013 with right elbow and right wrist pain decreased with medications. Objective findings on 02/05/2013 for the right elbow were noted as no bruising, swelling, atrophy, or lesion present; the right wrist was without bruising, swelling, atrophy, or lesion present; Flick maneuver was negative, patient could not fully supinate right upper extremity, and Tinel's and Phalen's were positive. Diagnoses on 02/05/2013 were noted as right elbow sprain/strain, right wrist sprain/strain, and rule out carpal tunnel syndrome. The patient underwent orthopedic evaluation on 03/08/2013 relative to right elbow and right hand/thumb pain and was diagnosed with post traumatic right cubital tunnel syndrome and right forearm stiffness, with a recommendation for stretching exercises and the patient was a candidate for cubital tunnel release surgery. The patient underwent QME evaluation on 03/18/2013; following physical examination, right elbow x-rays within normal limits and right wrist x-rays within normal limits, he was diagnosed with right wrist sprain and right distal radioulnar joint sprain with possible dorsal subluxation of the ulnar head. The patient underwent right elbow CT on 05/14/2013 with the impression noted as mild parcompartmental elbow arthrosis, degenerative changes of the condyle and olecranon, and no other significant abnormalities. The progress report of 12/16/2013, notes the patient's right elbow pain unchanged and creams were working well for pain control with no side effects and right wrist pain was controlled with creams and 1-2-Tramadol tabs. Objective findings noted on 12/16/2013 for the right elbow include decreased supination, positive Cozens, and +3 tenderness to palpation of the medial elbow; the right wrist was without bruising, swelling, atrophy, or lesion present, Flick maneuver was negative, patient could not fully supinate right upper extremity, and Tinel's and Phalen's were positive. Diagnoses

of right elbow sprain/strain, right wrist sprain/strain, rule out carpal tunnel syndrome, and loss of sleep was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FOUR (4) CHIROPRACTIC TREATMENTS FOR THE RIGHT ELBOW AND WRIST:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

**Decision rationale:** Medical necessity for 4 chiropractic treatments for the right elbow and wrist is not supported by MTUS (Chronic Pain Medical Treatment Guidelines). MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions, but not in the care of elbow and wrist complaints. MTUS reports in the care of forearm, wrist, and hand complaints manual therapy and manipulation are not medically necessary and appropriate.