

Case Number:	CM14-0014732		
Date Assigned:	02/28/2014	Date of Injury:	01/06/2013
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Board Certified in Chiropractic 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:

According to the available medical records, this is a 54-year-old male patient with chronic right shoulder and right elbow pain, date of injury 01/06/2013. Previous treatments include medications, right biceps surgery, right rotator cuff muscle surgery on 11/20/2013, physical therapy. The medical report dated 01/10/2014 by the treating doctor reported patient with significant right elbow and forearm pains. The elbow pain was sharp and stabbing and localized to the lateral epicondyle and proximal brachioradialis. Grip strength: Left side (32/31/32 kg), right side (18/20/17 kg). Right side flexion was 128 degrees and a 22 degrees flexion contracture noted in extension, supination was 28 and pronation was 80. Elbow muscle strength testing noted resisted flexion at +4/5, resisted extension at +3/5, resisted supination at +2/5 and resisted pronation at +4/5. The patient has a flexion contracture at the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC THERAPY VISITS 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: The CA MTUS recommended for chronic pain if caused by musculoskeletal conditions. However, the MTUS guidelines do not recommend chiropractic treatment for forearm, wrist and hand. Therefore, the request for 6 chiropractic treatment for the right forearm/elbow is not medically necessary.