

<b>Case Number:</b>	CM14-0017459		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 59-year-old male whose date of injury is 10/16/2013. The injured worker was looking up with both arms extended above the shoulder and head, pulling a rope and trying to get a knot open on a big pack of plastic containers. The injured worker felt severe pain in the right arm, neck and back with a shooting pain to the right knee. Treatment to date includes 10 sessions of chiropractic treatment. A progress report dated 01/17/14 indicates that diagnoses are cervical sprain/strain, lateral epicondylitis and strain/sprain of the shoulder/arm muscle tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC PHYSIOTHERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT ELBOW: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The injured worker has completed at least 10 chiropractic visits to date. The submitted records fail to provide evidence of any significant and sustained improvement as a result of treatment completed to date. There is no current, detailed physical examination

submitted for review and no specific, time-limited treatment goals are provided. Therefore, the requested treatment is not in accordance MTUS Guidelines and is therefore, not medically necessary.