

Case Number:	CM14-0165052		
Date Assigned:	10/10/2014	Date of Injury:	03/26/2013
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 Chiropractor 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 53 year old male with chronic left elbow pain, date of injury is 03/26/2013. Previous treatments include medications, elbow brace, physical therapy, injections, home exercise program, chiropractic and physiotherapy. Medical report dated 07/22/2014 by the treating chiropractic doctor revealed patient complaint of activity-dependent moderate 5/10 throbbing left elbow pain and numbness. Physical exam revealed sensation decreased globally in the left upper extremity, there is a +3 tenderness to palpation of the posterior elbow and lateral elbow, muscle spasm of the dorsal forearm, left elbow ROM decreased and painful, Varus test causes pain, reverse Mill's test causes pain. Diagnoses include left elbow sprain/strain and left lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 6 weeks, for left lateral epicondylitis quantity 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter Manipulation

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

Decision rationale: The claimant present with ongoing recurrent left elbow pain despite treatments with medications, injections, and physical therapy. While MTUS guideline do not recommend chiropractic treatment for forearms, the patient has completed 18 chiropractic visits with no evidences of objective functional improvement. Based on the guideline cited above, the request for additional 18 chiropractic treatments is not medically necessary.