

Case Number:	CM14-0024463		
Date Assigned:	06/11/2014	Date of Injury:	12/05/2013
Decision Date:	08/01/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 a Licensed Chiropractor 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 58-year-old male who reported an injury on 12/05/2013. The mechanism of injury was a fall. His current diagnoses include left elbow neuralgia, left elbow sprain/strain, and left wrist sprain/strain. His previous treatments include medications, physical therapy, and a TENS unit. Within the most recent clinical note dated 01/21/2014, his symptoms were left elbow and left wrist pain. His physical examination findings of the left elbow included painful range of motion, extension zero degrees, and flexion 140 degrees. On physical examination of the left wrist, he had decreased range of motion, pain and positive 3 tenderness to palpation of the lateral, medial, and volar. The treatment plan included a request for chiropractic treatment twice a week for four weeks for the left wrist and elbow to increase range of motion, increase activities of daily living, and decrease pain. A request of authorization was provided in the medical records on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the left elbow and wrist, eight visits: 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 & manipulation, Ultra Sound Page(s): 58-60.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progress in the patient's therapeutic exercise program and return to productive activities. Additionally, the guidelines indicate that manual therapy and manipulation is not recommended for the forearm, wrist, and hand. As the injured worker had complaints of left elbow and shoulder pain the guidelines do not support manual and manipulation therapy for the elbow and wrist. As such, the request for chiropractic treatment for the left elbow and wrist, 8 visits, is not medically necessary and appropriate.