

<b>Case Number:</b>	CM14-0028437		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The patient is a 45 year old male who sustained an injury to his neck, knees, lower back, right elbow and shoulder on 9/19/13. Per the primary treating physician's initial report, the patient complains of neck pain that radiates down into the shoulders and right arm down to elbow. There is also sharp shooting pain in the shoulders down into the right arm. In another report the primary treating physician states that the patient has tenderness over the right lateral epicondyle. The patient has been treated with medications, physical therapy, a home exercise program, and chiropractic care. An MRI of the right elbow and shoulder have not been performed. Diagnoses assigned by the primary treating physician for the right arm are right elbow lateral epicondylitis and tendinitis right shoulder with possible other internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TO RIGHT ELBOW AND SHOULDER 2 TIMES PER WEEK FOR 4 WEEKS (8 SESSIONS):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines recommend manipulation, but only up to three visits contingent on objective functional improvement documented. The patient has received chiropractic care, but the chiropractic treatment records are not present in the materials submitted for review. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered, the request is not medically necessary.