

<b>Case Number:</b>	CM14-0037146		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### **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 38 year old female patient with chronic elbows and wrists pain, date of injury 06/04/2012. Previous treatments include medications, injections, acupuncture, physical therapy, and chiropractic. Progress report dated 03/06/2014 by the treating doctor revealed chronic bilateral elbow pain and swelling persists and pain is worse on the right. Pain level remains still elevated, 6/10. Chiro has been of lasting benefit. Exam noted right elbow ROM 0-140 with slight swelling at the right lateral epicondyle, close to the radial head. Left elbow ROM 0-150 with diffuse swelling of the left forearm. Left and right shoulders full ROM. Stretch reflexes of the UE are symmetrical and 1+. No motor deficit. Diagnoses include bilateral upper extremity overuse syndrome and bilateral lateral epicondylitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional chiropractic x 8 sessions Bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 58-59.

**Decision rationale:** While CA MTUS guidelines do not recommend chiropractic manipulation for forearm, wrist and hand, the patient has had chiropractic treatments before with no evidence of objective functional improvement. Based on the guidelines cited above, the request for 8 additional chiropractic sessions for bilateral upper extremities are not medically necessary.