

<b>Case Number:</b>	CM14-0038003		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 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:

Claimant is a 61 year old female who sustained a work related injury on 10/27/2010. Three sessions of chiropractic were approved on 3/12/2014. Per a PR-2 dated 8/8/2013, the claimant has mild pain in the left shoulder, elbow, and wrist. Prior treatment includes left shoulder surgery, medial elbow tendon release, ulnar nerve decompression, oral medication, topical medication, physical therapy, occupational therapy, and injections. Her diagnoses are cervical radiculopathy, carpal tunnel syndrome, and medial epicondylitis. She is on modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two (2) times a week for six (6) weeks for a total of twelve (12) sessions for medial and lateral epicondylitis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Web-based version, Elbow Chapter, Forearm, Wrist and Hand Chapter.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional

improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of three visits. Therefore further chiropractic is not medically necessary.