

Case Number:	CM14-0056786		
Date Assigned:	07/09/2014	Date of Injury:	10/01/2011
Decision Date:	11/24/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Acupuncture 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 45 year old male who sustained a work related injury on 10/1/2011. Prior treatment includes acupuncture, right lateral epicondylar release, right bicep surgery, right elbow surgery, medications, and chiropractic. Per a PR-2 dated 4/1/2014, the claimant has right elbow pain. He is not working. He has tenderness to palpation on the lateral epicondyle and full range of motion. His diagnoses are right lateral epicondylitis and status ost right epicondylitis. The current request is for chiropractic treatment 2x6. Per a prior UR review dated 4/9/2014, the claimant had a prior trial of chiropractic of 3 visits with no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the right elbow 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines-Elbow

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks. The claimant did already have a trial of treatments with no reported functional improvement. Therefore further chiropractic visits are not medically necessary.