

<b>Case Number:</b>	CM14-0068539		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

The patient is a 60-year-old female born on [REDACTED]. On 12/23/2013, while working as a library tech, she was moving a box weighing approximately 10-15 pounds. The box was long and the majority of the weight was on her left arm due to a previous right arm injury 5 years prior, and she experienced immediate sharp pain in her left elbow and dropped the box. The patient underwent initial medical evaluation on 12/26/2013 and was diagnosed with cervical pain, left elbow pain, left shoulder and upper arm strain, and shoulder region pain. There was a request for authorization for physical therapy at a frequency of 3 times per week for 2 weeks. A doctor's first report of occupational injury or illness notes the patient presented for care on 05/01/2014 with complaints of left elbow pain (4-5/10) and neck pain (2/10). The examination of the left elbow revealed full pronation, supination, flexion and extension; (+) TTP of medial epicondyle pain and flexor/pronator group, negative stress test of LCL and UCL, and no TTP of olecranon bursa. Diagnoses were noted as medial epicondylitis, cervical spine DJD arthritis, and unspecified myalgia and myositis. The treatment plan included request for authorization of chiropractic physiotherapy 2 times per week for 4 weeks to compliment the previously approved PT. On 05/08/2014, the patient was authorized chiropractic physiotherapy at a frequency of 2 times per week for 3 weeks (6 visits total). The medical provider's PR-2 of 07/29/2014 reports the patient returned with neck and left upper extremity pain. Left elbow examination revealed negative bilateral varus and valgus stress tests in 30 of elbow flexion, tenderness to palpation of medial lateral epicondyles and associated flexors extensors, no mechanical block to passive range of motion of the elbow joint or distal radioulnar joint, elbow range of motion 0-140 of flexion, and forearm pronation and supination 85 respectively bilaterally with left elbow pronation resulting in medial epicondyle area pain. Diagnoses were noted as cervical spine arthritis (721.0), lateral epicondylitis (726.32), medial epicondylitis (726.31), and unspecified

myalgia and myositis (729.1). The patient has treated with physical therapy with emphasis on left elbow to increase ROM and strength, and she was authorized 6 chiropractic visits from 05/08/2014 through 06/15/2014. There is a request for 2 chiropractic physiotherapy sessions for the left elbow.

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

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

#### **Outpatient Chiropractic Physiotherapy two (2) sessions for the left elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, pages 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/15/2014.

**Decision rationale:** The request for 2 chiropractic physiotherapy sessions to the left elbow is not supported to be medically necessary. Although MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions, MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of elbow conditions; therefore, MTUS is not applicable in this case. The Official Disability Guidelines is the reference source for treatment of elbow conditions, and the Official Disability Guidelines does not support the request for two additional chiropractic sessions to the left elbow. In the Elbow (Acute and Chronic) section, Official Disability Guidelines Chiropractic Guidelines support up to three visits of chiropractic contingent on objective improvement documented (i.e. VAS improvement greater than 4), with an additional trial of up to three more visits contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. The patient was certified 6 chiropractic visits from 05/08/2014 through 06/15/2014. There is no evidence of measured objective improvement with chiropractic care provided to the elbow, there is no evidence of a recurrence/flare T up, there is any evidence of a new condition, and there is no evidence of active self-directed home therapy; therefore, the request for 2 additional chiropractic treatment sessions exceeds Official Disability Guidelines recommendations and is not medically necessary.