

Case Number:	CM14-0083843		
Date Assigned:	07/21/2014	Date of Injury:	06/15/2013
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 44-year-old male born on [REDACTED]. On 06/15/2013, while working as a truck driver, he was getting out of the truck, slipped on the step and grabbed onto the exhaust handle with his right elbow and felt immediate pain in the right elbow. In physical medicine and rehabilitation evaluation on 02/21/2014, the patient reported intermittent pain in his right elbow radiating to the right wrist. Upper extremity examination revealed normal alignment of the wrists/hands, minimal swelling of the right lateral elbow, tenderness to palpation of the right lateral epicondyle, right elbow flexion 135/140, left elbow flexion 140/140, right elbow extension 0/0, left elbow flexion 0/0, right elbow Tinel sign negative, normal range of motion in the wrists/hands, Tinel sign negative at wrists bilaterally, upper extremity sensory exam intact bilaterally, left upper extremity motor strength 5/5, right upper extremity motor strength with pain modified, biceps and triceps reflexes 2+ bilaterally, brachioradialis reflex 1+ bilaterally; and biceps, triceps, forearm, and wrist muscle bulk normal. Diagnoses were noted as right elbow pain, right lateral epicondylitis, and chronic right elbow enthesopathy. The physician recommended chiropractic therapy to the right elbow 2 times per week for 6 weeks. The initial chiropractic treatment report of 03/05/2014 is completed in cryptic and essentially illegible handwritten script and does not report patient history, complaints, or objectives. Check list style chiropractic chart documentation indicates the patient treated with chiropractic care on 03/05/2014, 03/07/2014, 03/12/2014, 03/14/2014, 03/17/2014, 03/26/2014, and 03/28/2014, with procedures reported by check list style and without historical, consultative, or objective factors noted. The patient was seen in medical follow-up on 03/20/2014 and reported he was no better. He had been attending physical therapy without benefit. By examination of the right upper extremity on 03/20/2014, the patient was still tender over the right lateral epicondyle to deep palpation and resisted extension of the wrist. The patient was encouraged to continue with

physical therapy. Diagnosis was reported as right lateral epicondylitis and the patient had plateaued in his improvement despite attending physical therapy at having been immobilized in a cast and now a splint. The treatment plan included continued wrist splint, continue Physical Therapy, continue Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and current pain management, continue temporary disability for 2 months, and return to the clinic in another 6 weeks for reevaluation. The medical provider's PR-2 of 03/21/2014 notes the patient's right elbow pain is the same and the overall examination is without change. The patient reportedly experienced moderate relief from attending chiropractic therapy, and on 03/21/2014, there is a recommendation for additional chiropractic care to the elbow at a frequency of 2 times per week for 6 weeks. On 04/30/2014, the medical provider recommended additional chiropractic care at a frequency of 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) sessions of Chirophysiotherapy for the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiro/Manual Therapy.

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

Decision rationale: The request for additional chirophysiotherapy sessions to the right elbow at a frequency of 2 times per week for 6 weeks 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 guidelines are not applicable in this case. ODG is the reference source for treatment of elbow conditions, and ODG does not support the request for additional chiropractic sessions to the right elbow. In the Elbow (Acute and Chronic) section, ODG Chiropractic Guidelines support up to 3 visits of chiropractic contingent on objective improvement documented (ie. VAS (Visual Analog Scale) improvement greater than 4), with an additional trial of up to 3 more visits contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. In this case, the patient has already treated with chiropractic care in excess of ODG recommendations. There is no evidence of measured objective functional improvement with chiropractic care to the elbow, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and there is no evidence of active self-directed home therapy. Therefore, the request for additional twelve (12) sessions of Chirophysiotherapy for the Right Elbow are not medically necessary and appropriate.