

Case Number:	CM14-0086225		
Date Assigned:	07/23/2014	Date of Injury:	05/23/2013
Decision Date:	09/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on May 23, 2013. The mechanism of injury is listed as falling out of a portable restroom. The most recent progress note, dated June 12, 2014 indicates that there are ongoing complaints of neck pain, low back pain, left elbow pain, and bilateral wrist pain. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the paravertebral muscles. There was a negative Spurling's test. Examination of the lumbar spine indicated tenderness of the lower lumbar paravertebral muscles. There was decreased left elbow, and bilateral wrist range of motion. Diagnostic imaging studies of the cervical spine reveals a disc protrusion at C3 - C4, C5 - C6, and C6 - C7. An MRI the lumbar spine indicated degenerative disc disease at L4 - L5 with a disc bulge at this region. Previous treatment includes physiotherapy and acupuncture. A request had been made for outpatient chiropractic/physiotherapy for the elbow twice a week for six weeks and was not certified in the pre-authorization process on May 22nd 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic/Physiotherapy to the elbow, two times per week over six weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Manuel therapy & Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Manipulation, Updated May 15, 2014.

Decision rationale: The attached medical record states that the injured employee has previously participated in physical therapy and acupuncture but has not yet received any Chiropractic or physiotherapy care. However according to the Official Disability Guidelines chiropractic care for the elbow is limited to three visits contingent on objective improvement followed by up to three more visits contingent on further objective improvement. As this request is 12 visits, this request for outpatient chiropractic/physiotherapy care for the elbow twice week for six weeks is not medically necessary.