

Case Number:	CM14-0088796		
Date Assigned:	07/23/2014	Date of Injury:	07/12/2013
Decision Date:	08/27/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 injured worker is a 44-year-old male with a reported date of injury on 07/12/2013. The mechanism of injury was reportedly causing by falling 5 feet from scaffolding. The injured worker presented with right shoulder and right elbow pain. Upon physical examination, right shoulder range of motion revealed forward flexion to 160 degrees, external rotation to 70 degrees and internal rotation to L2. The physical examination of the right elbow revealed painless range of motion on flexion, extension and pronation as well as supination. Previous conservative care included physical therapy, acupuncture care and chiropractic manipulation. The injured worker's diagnoses included right shoulder subacromial impingement with symptoms of adhesive capsulitis and right elbow common extensor partial tear. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for chiropractic manipulation right elbow 2 x 6 and the home exercise kit for the right elbow was submitted, but not signed or dated. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation right elbow 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. The treatment guidelines state that the time to produce effect is 4 to 6 treatments, with a frequency of 1 to 2 times per week. Treatment may continue as 1 treatment per week for the next 6 weeks. Treatment beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. According to the clinical note dated 05/13/2014, the injured worker presented with an examination of the right elbow that revealed painless range of motion on flexion, extension, pronation and supination. There was no tenderness to palpation. There was a lack of documentation related to the injured worker's functional deficits, to include range of motion values in degrees. The request for 12 chiropractic visits exceeds the recommended guidelines. Therefore, the request for chiropractic manipulation to the right elbow 2 times 6 is not medically necessary.

Home exercise kit for right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Exercise equipment, Durable medical equipment (DME).

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

Decision rationale: The Official Disability Guidelines recommend exercise. Lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification and exercise, including general muscle stretching, range of motion exercises, flexibility and graduating strengthening. With regards to the type of exercise, one trial concluded that stretching, concentric strengthening with stretching all showed significant gains without significant difference with regards to pain-free grip strength. The clinical note dated 05/13/2014 indicates that the injured worker presented with painless range of motion on flexion, extension, pronation and supination. There is a lack of documentation related to the injured worker's functional deficits, to include range of motion values in degrees. A rationale for the home exercise kit was not provided within the documentation available for review. The guidelines recommend exercise. In addition, they state that elbow disorders can be treated conservatively with activity modifications and exercise, including general muscle stretching, range of motion exercises, flexibility and graduating strengthening. There is a lack of documentation related to the injured worker's functional deficits. Therefore, the request for a home exercise kit for the right elbow is not medically necessary.

