

Case Number:	CM14-0097806		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2011
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 a licensed Chiropractor 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 43 year old female who was injured while performing her waitressing duties on 5/15/11(CT 5/15/10-5/15/11). Her initial pain was in the right elbow area which later included injuries to the neck, low back and wrists. On 5/19/14 the MD gave the following diagnoses: 1) right elbow lateral epicondylitis, 2) right elbow internal derangement, 3) Bilateral upper extremity neuropathy, 4) bilateral lower extremity neuropathy, 5) bilateral CTS(per NCV), 6) cervical spine strain/sprain, 7) myospasms, 8) low back pain, 9) Lumbar disc protrusions, 10) Post-surgical right lateral epicondyle release(2/12/14). Prior treatment has consisted of injections, medications, right elbow surgery, chiropractic, physical therapy, acupuncture, and shock wave therapy. The amount of each treatment and its success is not clearly documented pre and post-surgical. On 11/02/12 a MRI of the lumbar spine revealed an annular tear at L5-S1, L4-5 2.3 mm disc protrusion, and L5-S1 3.3 mm disc protrusion. Lower extremity NCV/EMG revealed a right S1 nerve root irritation. On 7/16/12 an upper extremity NCV revealed mild bilateral CTS. The doctor has apparently requested Chiropractic and physical therapy with no specified amount of treatment or areas of injury to be treated or time frame of treatment. According to the UR report of 6/16/14 the request was for 12 post op chiropractic treatment and physical therapy sessions for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Upper extremity: Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines chiropractic manipulation to the forearm/elbow, wrist and hand as well as carpal tunnel syndrome is not recommended. MTUS allows for post-surgical treatment of the right elbow for 12 visits over 12 weeks (section 9792.20, page 17) for physical medicine treatment. Since the amount of this treatment is unknown to date this treatment cannot be recommended. If chiropractic manipulation treatment is being requested for the neck and back then the amount of treatment and time frame will need to follow the MTUS guidelines. The documentation must show objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The amount of previous care needs to be documented and how well or not the patient has responded. Therefore, the request is not medically necessary.