

Case Number:	CM13-0028266		
Date Assigned:	11/22/2013	Date of Injury:	04/02/2012
Decision Date:	04/02/2015	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female injured worker suffered and industrial injury on 4/2/2012. The diagnoses were bilateral carpal tunnel syndrome, bilateral epicondylitis and bilateral neuropathy at the elbows. The treatments were medications and chiropractic therapy. The treating provider reported pain 5/10 in bilateral arms, hands, knees and lower back. The injured worker reported significant improvement with prior chiropractic therapy. The Utilization Review Determination on 9/2/2013 non-certified 12 sessions of chiropractic care for the left hand and elbow modified to 3 sessions, citing MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC CARE FOR THE LEFT HAND AND ELBOW:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, Section: Elbow, Topic: Manipulation, ODG chiropractic guidelines, elbow.

Decision rationale: ODG guidelines for lateral epicondylitis indicate manipulation of the elbow is recommended only on a short-term basis up to 3 visits contingent upon objective improvement documented with the VAS improvement greater than 4. Further trial visits up to 3 more are contingent upon objective long-term resolution of symptoms plus active self-directed home exercise program. Based upon the above guidelines, the request for 12 chiropractic treatments for the elbow exceeds the guidelines and as such the medical necessity of the request is not established. The 3 visits approved by utilization review are appropriate and with objective documentation of functional improvement another 3 visits may be prescribed. Manipulation of the hand is not supported. The request as stated for 12 sessions of chiropractic care for the left hand and elbow in totality is not supported by guidelines and the medical necessity is not established.