

Case Number:	CM14-0186075		
Date Assigned:	12/10/2014	Date of Injury:	09/29/2011
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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:

According to the available medical records, this is 36 year old male with chronic left elbow pain, date of injury is 09/29/2011. Previous treatments include medications, occupational therapy, physical therapy, chiropractic, acupuncture, left ulnar nerve decompression and transposition surgery, and home exercises program. Progress report dated 08/27/2014 by the treating doctor revealed patient is doing about the same since his last visit, left elbow pain is 8/10 on VAS, pain is aggravated when he drives, lifts, turns over in bed, is at work and constant pain with driving, dressing, reaching, grabbing. Objective findings include mild inflammation over his left posterior wrist and left medial elbow, moderate rigidity noted in the origin of the right flexor carpi ulnaris and rigidity in his left elbow, arm, and hand, muscle weakness along with tenderness in the left elbow, arm, and hand, positive Cozen's and Mill's test. Diagnosis is ulnar nerve paralysis/palsy. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x wk x 3 wks for left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow:

Decision rationale: The claimant presented with ongoing pain in the left elbow despite previous treatments with medications, occupational therapy, physical therapy, surgeries, chiropractic, acupuncture, and home exercise programs. The total number of chiropractic therapy visits the claimant has completed is unknown, however, there is no evidences of objective improvement, no objectification of long-term resolution of symptoms. The claimant continued to have ongoing pain at 8/10 on VAS and remained off work. Based on the guidelines cited above, the request for additional 6 chiropractic visits for the left elbow is not medically necessary.