

Case Number:	CM14-0187802		
Date Assigned:	11/18/2014	Date of Injury:	01/31/2012
Decision Date:	01/23/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/11/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture, 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 41 year old male who reported bilateral elbow and shoulder pain from injury sustained on 01/31/12 while unloading trash bags. Patient is diagnosed with rule out shoulder tendinopathy; bilateral lateral elbow epicondylitis. Patient has been treated with medication and therapy. Per medical notes dated 09/17/14, patient complains of bilateral shoulder and bilateral elbow pain. In regards to bilateral shoulder pain, he describes this pain as shooting from his neck through to his arms bilaterally. He states that with certain activities he has pain that will shoot down from the base of the neck into the hand. He states that he feels tiredness and weakness in bilateral upper extremity. He describes sharp pain over the base of his skull. In regards to his right elbow pain he has pain rated 6-7/10 and is constant. In regards to his left elbow, he has pain rated at 8/10 and is constant bilateral elbow pain is increased with heavy lifting or pulling objects. Provider requested initial trial of 8 chiropractic treatment for bilateral elbow and bilateral shoulder pain which was non-certified by the utilization review on 10/15/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic rehabilitative therapy 2 times a week for 4 weeks to bilateral elbows and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments for bilateral elbow and shoulders. He has had chiropractic treatment for lumbar spine with no benefit. Provider requested initial trial of 8 chiropractic treatment for bilateral elbow and bilateral shoulder pain which was non-certified by the utilization review on 10/15/14. Per guidelines 4-6 treatments are supported for initial course of chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition states that functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 chiropractic visits are not medically necessary.