

Case Number:	CM14-0188962		
Date Assigned:	11/19/2014	Date of Injury:	05/10/1992
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine 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:

This is a 54 year old female patient who sustained a work related injury on 5/10/92. The exact mechanism of injury was not specified in the records provided. The current diagnoses include bilateral elbow complaints; rule out intra-articular pathology. Per the doctor's note dated 10/7/14, patient has complaints of pain in neck and elbow and has worsened, dropping things and has pain when attempting to use the arm. Physical examination revealed tenderness and spasm of cervical spine with decreased range of motion. The current medication lists includes Maxalt. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received 44 chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: A recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed recent physical examination of the cervical spine was not specified in the records provided. The patient has received 44 chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic care for the cervical spine, 2 times a week for 6 weeks is not fully established in this patient.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

Decision rationale: Per the ACOEM guidelines, "Criteria for ordering imaging studies are- The imaging study results will substantially change the treatment plan, Emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." Per the records provided, any indication listed above was not specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The patient has received 44 chiropractic visits for this injury. The records submitted contain no accompanying current patient evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. A plan for an invasive procedure of the right elbow was not specified in the records provided. The records provided also did not specify diagnostic imaging report of a recent right elbow x-ray. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request of a MRI of the right elbow is not fully established in this patient.