

Case Number:	CM14-0194113		
Date Assigned:	12/01/2014	Date of Injury:	10/23/2012
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 37-year-old female who reported an injury on 10/23/2012. The mechanism of injury involved a fall. The current diagnoses include left elbow sprain/strain and left elbow pain. The injured worker was evaluated on 10/14/2014. Physical examination revealed motor weakness in the left arm, positive orthopedic testing, and tenderness to palpation. Treatment recommendations included chiropractic therapy with associated physical therapy followed by a re-evaluation. A Request for Authorization form was then submitted on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with associated therapy 1-2 times 5 week times 8 weeks for the left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Manipulation

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused a musculoskeletal condition. The Official Disability Guidelines recommend up to 3 visits contingent on objective improvement. The current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. Additionally, there was no documentation of a significant functional deficit. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.