

Case Number:	CM14-0202030		
Date Assigned:	12/12/2014	Date of Injury:	03/03/2014
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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) 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 57 year old female who reported bilateral upper extremity pain from injury sustained on 03/04/14 due to cumulative trauma of doing administrative duties since 1984. Patient is diagnosed with bilateral lateral epicondylitis. Patient has been treated with medication and therapy. Per medical notes dated 10/03/14, patient continues to experience constant pain in the forearm, made worse with sleeping. Pain is rated at 3/10. Per medical notes dated 10/31/14, patient continues to have slow progressive improvement of her bilateral elbow complains. She has been doing repetitive activities at work, with data entry and a lot of writing; which has irritated both of her elbows, right worse than the left. Pain is rated at 2/10. Examination revealed focal tenderness of lateral epicondylar region of the right elbow worse than her left. Provider requested initial trial of 2X6 chiropractic treatments for bilateral upper extremity. Which were non-certified by the utilization review. 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 therapy 2 times a week for six weeks, bilateral upper extremities qty: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation 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. Provider requested initial trial of 12 chiropractic treatment for bilateral upper extremity pain. 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 9792.20 (f) 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. Furthermore MTUS guidelines do not recommend Chiropractic for hand, wrist or forearm pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.