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| Case Number: | CM15-0180152 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 06/12/2015 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 29 year old male, who sustained an industrial injury on 06-12-2015. He has reported injury to the right elbow. The injured worker has been treated for contusion of elbow; pain in the elbow joint; and injury ulnar nerve. Treatment to date has included medications, diagnostics, rest, elbow protector, physical therapy, and activity modification. Medications have included Acetaminophen, Naproxen Sodium, Nabumetone, and Tramadol. A progress report from the treating provider, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported constant right elbow pain; the pain is rated at 7 out of 10 in intensity; the pain increased when he attempted to move the elbow; the pain travels to his shoulder; and he reports numbness of the right hand. Objective findings included tenderness and spasm on palpation of the right elbow; decrease in ranges of motion of the right elbow; positive O'Donoghue and Mills orthopedic exams on the right elbow; and MRI results are noted to be normal. The treatment plan has included the request for chiropractic 3 times a week for 4 weeks, right elbow (12) with submitted diagnosis of contusion of elbow, outpatient. The original utilization review, dated 09-01-2015, non-certified a request for chiropractic 3 times a week for 4 weeks, right elbow (12) with submitted diagnosis of contusion of elbow, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 4 weeks, right elbow (12) with submitted diagnosis of contusion of elbow, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Chronic Pain Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with right elbow pain. Previous treatments include medications, bracings, and physical therapy. According to the available medical records, the claimant continued to experience on going pain, tenderness, and spasm in the right elbow, 12 treatment visits of chiropractic is being requested. According to evidences based MTUS guidelines, chiropractic manipulation treatment for the forearm and elbow is not recommended. Therefore, the request for 12 chiropractic visits for the right elbow is not medically necessary.