

<b>Case Number:</b>	CM15-0202223		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 57-year-old male, with a reported date of injury of 05-05-2011. The diagnoses include status post right elbow biceps tendon repair, radial tunnel release and right elbow osteoarthritis. Treatments and evaluation to date have included acupuncture and chiropractic treatment. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-29-2015 indicates that the injured worker noted that he has made occasional gains into the upper extremity with stretching exercises. The injured worker had significant history of right elbow biceps tendon repair, radial tunnel decompression, and right elbow osteoarthritis. The physical examination showed no acute distress, active range of motion of the right elbow at 20-135 degrees (10-145 degrees on 07-21-2015), supination and pronation at 80-80 degrees (07-21-2015 and 09-29-2015), no gross evidence of instability, soft compartments, intact sensation throughout to light touch with excellent capillary refill, a minimal degree of elbow effusion, and intact neurovascularly. The treating physician noted that the injured worker made a moderate degree of improvement of his symptoms and treatment to the upper extremity with the use of chiropractic treatment. The treatment plan included six additional visits for treatment of the right elbow. The medical records did not include the previous chiropractic treatment reports. The request for authorization was dated 10-07-2015. The treating physician requested six (6) additional chiropractic treatment sessions for the right elbow. On 10-13-2015, Utilization Review (UR) non-certified the request for six (6) additional chiropractic treatment sessions for the right elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic care for the right elbow QTY 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

**Decision rationale:** The medical necessity for the requested 6 chiropractic treatments was not established. On 4/14/2015 the claimant was approved to receive 6 acupuncture treatments. On 6/5/2015 the claimant was authorized 6 additional acupuncture treatments. On 8/15/2015 the provider was authorized 6 chiropractic treatments for the right elbow. On 9/29/2015 the claimant presented to the office of [REDACTED] complaining of an exacerbation of his right shoulder complaints. All the clinical findings were related to the right elbow. The examination noted normal elbow range of motion findings, no gross evidence of instability. Compartments are soft. Sensation intact to light touch. Minimal degree of elbow effusion appreciated and is neurovascular early intact. The provider requested 6 additional chiropractic treatments. This was denied by peer review. The rationale for denial was that there was no objective evidence of sustained functional improvement with prior courses of chiropractic manipulation. Evidence the range of motion of the right elbow on 7/21/15 of flexion 10-145 degrees and range of motion of the right elbow on 9/29/2015 of 20-135 degrees. The submitted documentation does not support improvement as a result of the 6 most recent sessions of chiropractic treatments. The medical necessity for the requested 6 chiropractic treatments was not established therefore is not medically necessary.