

Case Number:	CM15-0202985		
Date Assigned:	10/19/2015	Date of Injury:	03/05/2014
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 female, with a reported date of injury of 03-05-2014. The diagnoses include neck pain, intermittent radiculopathy, right greater than left C6 distribution, bilateral medial epicondylitis, lateral epicondylitis, bilateral extensor tendinitis of both hands, and cervicobrachial neuralgia. The progress report dated 09-15-2015 indicates that the injured worker had improving pain in the neck and C6 distribution and improving numbness in her hands. It was noted that an MRI of the elbows on 05-27-2015 showed subtle medial epicondylitis. The injured worker reported that the chiropractic treatment and TENS unit provided significant improvements in her neck pain and tightness and arm pain. The treating physician noted that on 08-13-2015, the injured worker's work restrictions were significantly reduced. The objective findings include forward flexion two inches from chin to chest; cervical extension at 40 degrees; bilateral cervical lateral bending at 40 degrees; rotation to the left and the right at 40 degrees; decreased sensation to touch of the C6-7 distributions of both upper extremities; pain with palpation of the left lateral and medial epicondyles; pain over the left lateral and medial aspects; full flexion, extension, supination, and pronation of the left elbow; pain with palpation at the lateral and medial epicondyles; pain over the right lateral and medial aspects with resisted wrist extension and flexion; and pain with palpation along the bilateral extensor tendons. The treating physician indicates that the injured worker has had a total of 14 chiropractic sessions. The medical records did not include the previous chiropractic treatment reports. The injured worker's work status was noted as modified duties. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 06-03-2015

which showed bilateral C6-7 denervation with radiculopathy. Treatments and evaluation to date have included a TENS unit, chiropractic treatment, and physical therapy. The request for authorization was dated 09-22-2015. The treating physician requested twelve (12) additional chiropractic treatments to reduce the injured worker's pain, to increase her range of motion, and to increase her activities of daily living. On 10-09-2015, Utilization Review (UR) non-certified the request for twelve (12) additional chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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

Decision rationale: The claimant presented with chronic pain in the neck, elbow and forearm. Previous treatments include chiropractic, physical therapy, and TENS unit. According to the available medical records, the claimant has completed 14 chiropractic visits to date. While chiropractic manipulation is not recommended for the elbow and forearm, the request for additional 12 treatments exceeded MTUS guidelines recommendation for the neck. Therefore, it is not medically necessary.