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| Case Number: | CM15-0211325 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 08/14/2014 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/06/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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, Minnesota
 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 54 year old male who sustained an industrial motor vehicle accident injury on 08-14-2014. A review of the medical records indicated that the injured worker is undergoing treatment for a crush injury to the left upper arm, elbow and hand with multiple fractures. The injured worker is status post 4-5 surgeries to the left arm, elbow and wrist from 08-14-2014 with ulnar and rotational flaps and skin grafts to the latest in 12-04-14 for removal of hardware secondary to infection. According to the treating physician's progress report on 08-19-2015 and 09-15-2015, the injured worker continues to experience left elbow and forearm pain rated as 1-2 out of 10 on the pain scale. Examination demonstrated tenderness to palpation of the left elbow and forearm with restricted range of motion of the left elbow. There were no changes on neurocirculatory examination. Recent X-rays performed on 09-29-2015 interpreted within the medical report dated 09-15-2015 revealed a "healed comminuted fracture of the distal humerus and proximal ulna involving the elbow joint. Arthrosis of the elbow joint was noted. There was a fracture of the proximal to the middle one-third ulna healed in an angulated position". Prior treatments have included diagnostic testing, surgery, physical therapy and medications. Current medications were not documented. The injured worker may return to work with restrictions. Treatment plan consists of the current request for chiropractic therapy three times a week for four weeks to the left elbow. On 10-06-2015, the Utilization Review determined the request for chiropractic therapy three times a week for four weeks to the left elbow was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 Left Elbow: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the elbow is not recommended. The doctor requested Chiropractic 3 times per week for 4 weeks or 12 visits to the left elbow. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.